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BROADCASTING PUBLIC HEALTH INFORMATION

By ANN DOYLE, R. N.

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EDITORIAL

THE BIENNIAL CONVENTION

ALTHOUGH June is still five long months away we feel that it is not too soon to call the attention of our readers to the fact, that in that month the Biennial Convention of the three great national bodies of nurses will take place in Seattle, Washington.

To a large majority of the nurses of the country Seattle will seem a long distance off, and to many, doubtless, the question will arise, "Shall I try to attend the Convention this year?" To all who are hesitating we would say, "Go if you possibly can."

Not only is the Convention always a source of inspiration and help to those who attend, but the very fact that it is being held in a part of the country unfamiliar to many will add a new and delightful experience to the pleasure and inspiration to be gained.

The journey across the continent is, in itself, a revelation and gives one a new and better understanding of the size and resources of our country.

The great rolling wheat fields, stretching for miles and miles on either side of the train as we rush

along: the wonderful mountains, with their rocky crags, deep canons, and foaming torrents; and even the wide, sandy desert, with its strange tints and glistening lights, all give us a feeling of the vastness and beauty of our land.

Seattle itself is an interesting city situated in the midst of a very beautiful country. In order to open up to the tourist the national beauties of their country, the Western States have devoted large sums of money to the improvement of their highways. We find, therefore, good macadamized or asphalt roads connecting all the principal towns and cities and leading up into the mountains or along the valleys.

A business trip to Seattle, therefore, can be easily turned into a pleasant summer holiday, and we strongly advise all who can, to arrange to have their summer vacation coincide with the date of the convention (June 26-30) so that while out on the Pacific coast they can take advantage of the many interesting short trips offered and make of a business meeting a summer holiday.

SPREADING GOOD TIDINGS

THE account of China's need of the Public Health Nurse, which we publish in this issue, is taken partly from a letter written by Miss Cora E. Simpson to Miss Foley, and partly from a paper which Miss Simpson gave at the national meeting of the Nurses' Association of China—a meeting which in itself shows the advance that has already been made since this nurse first went to China a few years ago, when even the word for "nurse" did not exist in the wonderful old language of that wonderful old country.

The picture drawn by Miss Simpson is in parts very terrible, but it helps us to realize something of the suffering imposed by ignorance and superstition and to understand a little of the comfort which is being brought to minds as well as bodies by those whose message is one of hope and enlightenment.

The messenger who carries her good tidings into these areas of darkness and despair must know, as perhaps no other does, the joy and enthusiasm of those early days when the nurse first realized the possibilities of her vocation; and if the difficulties and trials of her work are great, its compensations are surely equally so.

Miss Simpson is a graduate of the Public Health Nursing Course of Simmons College and the Boston Instructive District Nursing Association. She ended her letter with an expression of pride and pleasure at being "worthy to wear the N. O. P. H. N. pin," and by wishing the Organization God-speed in its membership campaign.

The N. O. P. H. N. is indeed happy to receive these messages from its members, who, in all parts of the world, are spreading the good tidings and the good deeds which can bring life and hope to those who are sunk beneath the weight of ignorance and despair.

TEACHING HEALTH

HEALTH teaching by public health officials, including visiting nurses, has made in the last ten years a great impression upon the communities where it has been carried on. Such health education has come to be recognized as of fundamental importance; it is largely because of this, and not because disease is more successfully treated, that the great reduction in the sickness and death rate has been effected. Unless backed by educational agencies efforts at improvement in public health have almost invariably proved to be very transitory in their effects.

It may be well said of much of the health knowledge of adults that it is not that the great mass of people are so ignorant, but, as Artemus Ward said, "They know so many things that are not so."

It is becoming increasingly evident that we have begun too late with our health instruction. The child is the fittest subject in which to instill proper health knowledge. He has no prejudice to overcome; his mind is virgin soil to receive the seed of truth in health or other matters; he delights in the knowledge of the simple things which relate to his daily experience.

The economic value of health is something even a child can appreciate.

Castellani, an Italian physician, who was stationed at Salonika, tells us that in the Greek army, which took no precautions, 100 per cent of officers and men were attacked with malaria, while in another army in the same place which took the trouble to drain their camp, to cover stagnant pools with oil, and to protect its men against the mosquito and to give them quinine, only three per cent of the officers and six per cent of the men were attacked."

"Teaching Health in the Schools," L. Emmett Holt, M. D., L. L. D. "National Health" (London)

"BROADCASTING"

PUBLIC HEALTH RADIO INFORMATION SERVICE

By ANN DOYLE, R. N.

*Supervising Nurse, Division of Venereal Diseases,
U. S. Public Health Service*

ON Friday, December 16th, 1921, at 9 P. M., Washington time, on a wave length of 350 meters, the U. S. Public Health Service sent broadcast its first health message to the people of the United States.

This is the first time in history that the radio telephone has been used for public health purposes. Three times each week these messages are being sent out over Naval Laboratory Air Craft Station NOF Anacostia, D. C., whose signals are well known to wireless (telephone) operators and whose messages have been heard as far west as the Pacific Coast. This arrangement has been brought about through the generous co-operation of the Bureau of Engineering of the Navy Department.

From the time of Chadwick, and even before, the cause of public health protection had received signal help from laymen. Public Health Education through air service is another contribution from a layman, Louis Jay Heath, Assistant Director of Educational Work, Division of Venereal Diseases, Public Health Service.

In July 1921, Mr. Heath addressed a memorandum to Assistant Surgeon General Pierce setting forth "the possibilities of utilizing radio methods for disseminating public health education." In this memorandum Mr. Heath pointed out that for the expenditure of a relatively small sum of money the facilities of the air could be utilized for public health purposes, citing instances, particularly that of Trinity Church, Hamilton, Ohio, under the pastorate of Rev. H. Crawley-Carroll, who had had experience with the radio method of delivering sermons at a distance, and Calvary Episcopal Church, at Pittsburgh.

Mr. Heath estimated that with a simple apparatus such service would reach 6,000 amateur operators alone, each night. This original estimate, however, proved to be entirely too conservative.

Through the co-operation of the Navy Department, of Commander S. C. Hooper, U. S. N., in charge of the Radio Division of the Bureau of Engineering, and Commander A. Hoyt Taylor, U. S. N., in charge of Naval Radio Station, Naval Air Craft Station, Anacostia, D. C., the facilities of Naval Air Craft Radio Laboratory Station NOF were made available for the broadcasting of these public health messages. Through the co-operation of Mr. L. C. Hayden, manager of the Chesapeake and Potomac Telephone Company, an agreement was reached whereby that company would permit its lines to be used for remote control of NOF. This arrangement made it possible for the Public Health Service to broadcast talks, lectures, and other information directly from their offices or indeed on any other point on the telephone system. Thus the Public Health Radio Information Bureau Service came into being.

Mr. Heath has indeed made a contribution to public health protection. Education of the public on the prevention, control and cure of many diseases which have devastated mankind for centuries is probably the most important need of the present moment in our campaign against disease.

It is an accepted fact in public health that measures of control cannot progress far in advance of public opinion. Prior to the development of modern bacteriology and pathology, disease was largely an individual matter between the patient and his physician. There was no knowledge of the specific cause of the

disease or of the method of transmission of disease from one person to another. There was no means of recognizing a communicable disease, or of protecting others from infection; dreadful epidemics followed in the wake of these "individual" illnesses.

Because, as it has been pointed out in the foregoing paragraph, most of the communicable diseases from which civilized man is suffering, are due largely to social causes, the remedy must be found in the treatment of the social organism.

The improvement of hygienic conditions in our cities, towns and rural districts requires a certain amount of specific regulation. Such regulation must be based on legal enactment. These laws and regulations necessary for the protection of the many, to all intents and purposes encroach upon personal liberty. Restriction of personal liberty in order to be of value must be understood and supported by the public.

Education of the public is therefore necessary, imperative indeed, for legal as well as social reasons if we are to convince them that this restriction of personal liberty is for their own good, and impress upon them the importance of the discoveries mentioned above in preventing sickness and saving life, and lastly the value of spending public funds in further research.

During the past decade a great deal of thought has been given to public education on public health matters, and the prevention of disease.

The efforts were mainly through newspapers and magazine articles prepared by laymen who did not possess a thorough knowledge of the subject involved. Statements and statistics of the subject in hand were juggled to suit the occasion, and in some instances harm was done, because of the almost continuous differences of opinion between the propagandist and the trained medical man.

However, what the public lost due to these differences, the profession gained and today the leading medical men of the country are giving not only thought but time and support to

the education of the people in this most important of all subjects—"Health and How to Keep it."

Public health instructors have imitated the methods of all lines of business and professions in their endeavor to get their message to all the people. They have even stooped to imitate the methods of quacks. But, despite all efforts to make this instruction popular and available for all there still remains a "definite few" who cannot be reached.

Lectures, talks, institutes, fairs, conferences, motion pictures—all of these have been used to great advantage, but there always seems to be something lacking. The people of the rural districts want to hear the people from the city. The people of the West want to hear the people of the East, and not being satisfied with anything else, will not attend lectures given by local authorities. Here time and money are the deterring elements in supplying the lack. Literature prepared for the use of the general public does not reach the ordinary individual—not in sufficient numbers to be a success. Men and boys are "not great on reading" literature of this nature. Men and boys attending fairs are interested in "sterner things," and they pay but scant attention to health exhibits or talks. The endeavor to teach a great number of them in this way is not very well rewarded.

The boys of today are the men of tomorrow, the boys of today are the fathers, educators, politicians, doctors, the "citizens of influence" of tomorrow and the important thing to accomplish in the matter of public health education is to, "get 'em young."

The wireless operators of this country, amateur and professional, are ninety-five per cent boys and men and they are ninety-five per cent the certain "definite few" who cannot be reached by any of the ordinary methods used in public health education. The Public Health Radio Information Service will accomplish this.

Up to this time eight Public Health Radio Information Service messages have been broadcasted. That this service is popular and valuable is attested to by the receipt of more than one hundred letters from enthusiastic amateurs.

These replies range from Miami, Florida, to Winfield, Kansas, from Ishpeming, Michigan to Jacquet River, New Brunswick, Canada.

To get some idea of the length and breadth of this service, place a pin in a map at Washington, D.C., and using a string with a radius equal to the distance from Washington, D.C. to Winfield, Kansas, describe a circle. This represents approximately the area that has been reached by this Public Health Radio Information Bureau to date. Under favorable conditions during the winter months it will be possible to reach even farther into the interior, even to the Pacific South West.

The marvel of the distance reached is comparable only with the letters received. The range of mentality, social position, public influence is as great. The letters have come from operators whose composition, spelling and writing denote extreme youth and lack of education; from others perhaps older but no better educated; they have been received from bank presidents and railroad magnates; from presidents of corporations and men of affairs. The one strain which runs through all these letters, however, is a personal enthusiasm—here is health education given us for the first time—in a way we can understand, through a medium that interests us and makes us receptive. "Some pippen of a talk"—"Great stuff, that bacteria dope"—"Smart bird, that fellow that talked on ventilation the other nite."—"If this is your first, I commend you."—"NOF, you are doing this country a great service." (NOF the Service Station Call.) "This is a wonderful undertaking. It typifies a wonderful Service." These expressions represent some of the appreciation received.

The Public Health Radio Information Bureau messages up to date have

dealt with the fundamentals of public health. They have been descriptions of federal, state and city health administration and function: (a subject on which almost all lay people, and many professional people are weak) bacteria; fresh air; ventilation; sunshine and weather.

The lectures are begun thus: "Q S T all stations. From N O F" (this is repeated ten times in order to attract the attention of the radio operators). "United States Public Health Service speaking, United States Public Health Service, Washington, D. C., speaking through Anacostia Radio Station, NO F." (This is repeated four times for operators to tune in, which means to clear the atmosphere of all other complicating sounds.) Then follows the message, which consumes fifteen minutes. These messages are very carefully prepared and contain the latest "word" on the subjects in hand. They are cast out upon the air—"broadcasted" as the radiographers say, to be picked up by anyone—a free for all, yet an individual message for each one. And taken, and appreciated and remembered and it is hoped utilized by each one. The lecture then finishes, "United States Public Health Service speaking, United States Public Health Service speaking. Please answer. Please answer. Good by. Good by." And they do answer!

It is difficult to estimate the amount of time, thought and work expended by Mr. Heath in bringing about this remarkable service. A contribution in truth! And Public Health Nurses will rise up and call him blessed. In Mr. Heath's original memorandum he pointed out that records could be made of speeches by prominent men and with the aid of a simple apparatus could be transmitted to thousands of individuals, distance of course, making no difference. Public Health Nurses who are always eager to use the new ideas and facilities of the day will probably before very long be transmitting health talks to all the children in their community at least once every week.

A DISCUSSION

OF THE CHARACTERISTIC VALUES AND LIMITATIONS OF LAY MEMBERS ON A PROFESSIONAL DIRECTORATE

Editor's Note—Expressions of opinion on this subject from our readers will be welcomed.

THE purpose of the National Organization for Public Health Nursing can be accomplished, it seems to me, if the nurses themselves sustain their high aim of ministration and education, but to translate this high purpose into actual service requires not only energized and finely trained nurses but a public capable of intelligent appraisal of the social importance of the nurses' work to the community. Without the confidence and support of such a public this high aim of ministration and education cannot be sustained.

Experience and training are needed for both the professional and the laity to stimulate and educate the public. Training in technique for the nurses is provided by schools, settlements and similar well established institutions. But the leaders also get no small training from the part they play in administrative organizations, the give and take, the sharpening of perceptions, the understanding of the other's point of view. Equally important is it that the other leaders—those competent to influence public opinion and help form it—should have the privilege and the opportunity of working out necessary standards and propaganda with the nurses.

Leaders among the laity and leaders among the nurses must work together for a common end. Neither alone can secure the desired object, that is, the demand for efficient and standardized service and the willingness to pay for it, unless both professional and laity work together in councils, on boards of directors, and both share the responsibility. If we insist that public health is a community responsibility, it is obvious that it is not only the responsibility of the nurses but of the public to march with chosen representatives of the laity who have this conviction.

I should like to see every professional group include in its administrative body intelligent representatives of the community, and I do not limit this to organizations for nursing. This I presume could not apply to the purely technical, but the National Organization for Public Health Nursing engages its technical experts and has only accomplished half its aim if it does not at the same time inform the public, the great outside, non-professional public, of what it is about.

(Signed) *Lillian D. Wald.*

SPELLING TO ORDER!

Mrs. B., a magnificent six foot specimen of African motherhood, stalked majestically into our clinic one morning with a three weeks' old pickaninny under each arm. Histories were in order, and past experience has shown that we cannot be too exact; therefore we are particular about having our babies named. No difficulty arose, however; the twins had been christened Cozelle and Varnelle. The names being rather unusual the nurse felt some inquiry necessary.

"How do you spell Cozelle, C-o-z or C-o-s?"

"I think a z would be nice," fairly beamed the mother.

"Now as to Varnelle, is that spelled with two l's?"

"How do you spell dat oder one, with two l's? Put a couple of l's in dis one, too," she recklessly decided, "I suah do like to have dem boys spelled alike."

(Annual Report, Infant Welfare Society of Minneapolis.)

SCHOOL SURVEY FOR SUSPECTED TUBERCULOUS CHILDREN

By LULU V. CLINE

*Supervisor of School Nurses
South Bend, Ind.*



The Mid-Morning Lunch

A SURVEY of school children in the city of South Bend was made by Dr. St. C. Darden, Superintendent of Healthwin (County tuberculosis hospital), with the idea of determining how many children could be classed as pre-tuberculous and in need of treatment afforded by such institutions as preventoria and fresh air school rooms. With this authoritative data accumulated, the school board of education and county commissioners are trying to work out a plan whereby the especially selected number may be cared for.

The nurses weighed and measured all children and selected those who were underweight or showed physical signs of not being in normal health, for this examination.

Dr. Darden visited the schools three half days a week from September to December, 1920, and examined 1868 children, including 901 boys and 967 girls. And of this number 424 were found to be defective, having

rales in one or both lungs; 677 of the children who did not have chest defects were found to have enlarged tonsils, the removal of which would undoubtedly improve their physical condition and thereby increase their weight.

The scale worked out by the U. S. Department of Interior, Bureau of Education, was used and according to the scale 1428 children were under weight and showed signs of malnutrition. The number of pounds the children were underweight ranged from two to 32. One boy weighed 32 pounds less than he should, while 32 children weighed from 20 to 25 pounds less than the standard for their height and age.

Having no facilities available to care for this number of children needing care, a nutrition class was started in one school with 30 pupils taking mid-morning and afternoon lunch, consisting of glass of milk and a Graham cracker.

In a few weeks nine other schools followed in line, until now 12 schools are feeding 360 children at mid-morning and mid-afternoon.

The results have been very gratifying and the children have gained. Those children receiving extra nourishment are followed up by home investigations, which accounts for our small numbers in each class, as the nurses do not have sufficient time to care for a greater number and get any definite results. If, however, there is no gain made by a child he is given another physical examination by a physician to discover any other defect that may have been overlooked previously.

As the children gain and when they have reached normal weight, they are

discharged from the class and new ones taken in, keeping the number within the limit.

The lunches are served at recess in the morning and afternoon. Boy scouts, or teachers have been enlisted to serve the milk, which is taken through a straw as the picture will show. Very little time is necessary to take care of this work and it does not interfere with the school program.

The Anti-Tuberculosis League purchases the milk, and children who are able pay six cents a pint. Those not able to pay are given milk gratuitously. Interested citizens have furnished the crackers this year, and we are hoping to place this obligation before the Parent-Teachers' organizations of various schools next year.

ST. LUKE'S HOSPITAL, TOKYO

Many of our readers doubtless know something of the splendid work being done by St. Luke's Hospital, Tokyo, Japan. It is under the Episcopal Board of Missions, and preparations have just been completed to build a new hospital. Dr. Rudolf Teusler is the head of the Hospital, and under him are three American nurses, one of whom is Superintendent, and one Assistant Superintendent, a Japanese Head Nurse and a staff of fifty Japanese nurses. Dr. Teusler is at present in this country and is anxious before he leaves for Japan—which will be in the course of the next five or six weeks—to engage a graduate nurse who is trained in stenography, and who has, if possible, some business experience, to act as his secretary. There would be very little actual nursing to do, but this secretary would probably have charge of the Foreign Charts in the hospital, would be expected to take the history of patients and to refer them to the proper departments. A nurse about thirty years old is preferred, and she must be willing to serve for at least four years, as this is a Mission Hospital.

Dr. Teusler also wishes to engage a first class dietitian for the hospital, whose principal duty would be to teach and supervise the Japanese cooks.

Any nurse or dietitian who is interested in this work, and who believes that she has the necessary qualifications, should communicate with Dr. Rudolf Teusler, Church Missions House, 281 Fourth Avenue, New York City. Dr. Teusler expects to leave New York about February 20th. However the nurse and dietitian would not be required to leave before the late summer.

CHINA'S NEED

By CORA E. SIMPSON

ONE-FOURTH of the world's population lives in China. It is a nation which dates its written history back over 5,000 years, where are born one-third of the babes of the world, and where 80 per cent die before they reach the fifth year, where women are neglected in childbirth, sold as slaves, rented out, and suffer all the ills of woman without medical help or care or even a woman's sympathy; where ignorance, superstition and dirty midwives and quack doctors are the greatest enemies to public health; where there is one death from tuberculosis every 37 seconds; where the insane and lepers wander at will; where contagious diseases run riot; where home and city sanitation is a thing unknown; where the pig in the parlor is no joke; where the modern germ is yet undisturbed; where social conditions invite help and reconstruction; where people are now ready for western medicine; where women are anxious to learn all these needed things; where a nation is in the making. Who better than a Public Health Nurse can help mould this into a land of health and beauty?

The Chinese Public Health Nurse can do all this for her own people after we have helped her a few years. She could be most valuable as a medical social worker in connection with hospitals and dispensaries, getting new cases in for treatment or operations, visiting and examining the children in our day schools, teaching in the homes by her example, bedside care and lectures or lessons, talks to mothers on care of babies, home nursing, sanitation, education along the lines of epidemic and prevention—all this and a hundred other things she could and will do if we only teach, help and encourage and start her out in this work.

Just a few years ago, when I came to China I wrote Dr. Cousland about a nurses' association. He said there

was none; there were no training schools, no books on nursing and no nurses. Today Chinese nurses are fast making themselves a national power.

Will it be too much to expect in another ten years to see an army of Chinese Public Health Nurses at work doing for this country what American Public Health Nurses are doing for their own? And when this time comes we shall be glad that we have been allowed the privilege of having had a little part in bringing about this glad day of health for China.

Over here, of course, the great business is to train nurses and it is encouraging indeed to see how much good only a few graduates can do and how valuable they are becoming to the community. Our graduates are in school nursing work among children in orphanages; one has just started a "Nursing Department of Visitation and Child Welfare work in the Great Institutional Centre of Lofty Friendship" in the walled city; one is in famine relief work; about a dozen are in district work, where they are all the way from one to five days from any doctor or hospital. All our nurses after graduation are given the midwifery course. The nurses do a great deal of instructive work among our clinic patients as well as in the homes. Once a month we have a meeting on some health subject in the hospital chapel to which all women are invited. Our nurses give a great many talks and demonstrations by invitation before different groups of people and take a very active part in all health campaigns held in our city. A few months ago when cholera raged here, the Red Cross took over our hospital and entire staff for the work. When compared with what there is to be done here, what we are doing seems small, and yet it is encouraging when one remembers how a short time ago there were no nurses

to be found in China—not even a word for “nurse” in all this wonderful old language of China.

Miss Wilcox has just come to be with me and so we will have more time to give to the different departments now. This year we are adding another story for the nurses’ home to our hospital of one hundred and fifty beds, and within a few months we will build a dispensary for our out-patient department and also rebuild our Isolation Hospital.

Some of the cases are pitiful indeed. A woman came for an examination not long since and told us she lived three days’ journey from any doctor. She had had a baby about three months before, and she complained “the water flowed all the time since.” We learned the baby had delayed his coming longer than the people thought he should, so the dirty old woman took a hook and went after him. The first thing she hooked out was a piece of skin. She snipped it off with some old scissors and proceeded to hook the child out as well. The woman was lacerated completely, rectum, vagina, prolapsed uterus, and the “piece of skin” cut off was her bladder. So I suppose the water will keep on flowing, as there seemed no help for such a case.

One baby boy was brought to us less than thirty hours old with fifty-six wounds in his little body where he had been “needled.” He died in the greatest agony and convulsions in a few hours. It is a great custom in China to plunge long hot needles into the flesh of children if they do not understand the disease. They

are plunged into the abdomen, spine, mouth, under the finger or toe nails, and such treatment certainly makes one wish for more baby welfare work and more teaching of mothers. A woman came to us who said she had taken the most expensive treatment for her disease and still she was not cured. She had six little toads jump down her throat—actually swallowed them alive—every day for six days and still she was not cured. It seemed strange after such treatment she did not recover, but a little sulphur ung. did cure her for she had scabies in spite of her silk gowns, jade, pearls and amber.

Once, we had travelled two days and nights over the mountains to deliver a woman who had been in labor “more than half a moon,” and after we had finished, the old Father Chief of the tribe said to me, “Daughter, over ninety summers have passed over my head but this is the first time that I ever heard there was such a thing as help for a woman at such a time as this. We thought they had to die and go to a lake of blood to boil forever. Won’t you remain among us and teach our daughters how to help women out of such sorrows?” How glad I am that I have had the privilege!

The Chinese believe that if a woman dies in childbirth with an undelivered child she and the child go at once to a lake of boiling blood and must remain there throughout all eternity. You can imagine the joy and comfort a clean, sanitary nurse midwife is to such a people.

Have you a friend who would like to know what members of the National Organization for Public Health Nursing are doing to spread good tidings of *health*, not only in the United States but in the farthest parts of the world—and to help them to do it? Then why not ask her—or him—to become a member? An application blank will be found at the front of this issue, Page 4 of the Advertising Section.

THE PEACE RIVER COUNTRY

Editor's Note—The following address, made at a Red Cross convention in Edmonton, Alberta, by Miss de Turberville, Provincial district nurse in the Peace River country, is reprinted from the *Lethbridge Daily Herald*. It gives such an interesting and vivid account of pioneer work that we are sure it will appeal to all our readers—to those who have themselves endured some of the hardships of the isolated rural district, as well as to those who have, perhaps, never realized the need of the dwellers "at the very limits of civilization."

UNDER the department of health (of the Province of Alberta, Canada) there are some 21 nurses working at present throughout the province in various capacities and 14 are taking special training in order to join them. I am one of the four district nurses, sent out by the provincial government to the outlying districts of this province. The district nurse lives in the isolated sections where there is no hospital and where the services of a doctor are not available. In one instance, a district nurse and a new doctor, practicing under a permit, entered a northern field at the same time. As quickly as the adjustment could be made, the nurse was removed to a more isolated field and thus the medical service was rationed out more evenly.

The district nurse makes her round of calls every day, giving a treatment here, or a bath there, and passes on to the next patient. She is called upon to do almost everything from the extraction of a splinter from a child's hand, to the conduct of an obstetrical case, for which last she must, of course, have had special training. She must be housed, her salary guaranteed, and some means of transportation must be given her, if she is to do good work. The community should furnish the house, and the municipality should add enough to the fees to pay her a fair salary. At present, as regards the four nurses in the field, one house has been built and two others are in course of erection. The provincial government is bearing the support of the nurses until such time as the different municipalities can assume it.

The Transportation Problem

Now the transportation problem for a district nurse is a hard one. You

know from practical experience, that a Ford, wonderful as it is in endurance, would not find its way into all the road allowances of the isolated districts in summer, leave alone in winter; and if you have ever been stuck in a mudhole in June for hours, as I have been, you would agree that transportation in the frontier country is a great problem.

A horse with saddlebags has been suggested, and, I think, on certain posters throughout the country a nursing sister, picturesquely mounted on a horse in the heroic pursuit of her duty, is held up as the idol of the frontier. Far be it from me to discourage heroics, but a 15-mile ride over a rough road is a cheerless beginning for a long night's work on an obstetrical case, and I doubt if many nurses could stand it as a regular practice. And, knowing the cayuses of the north as I do, the prospect of any pleasure in the journey is a delusion.

I have ridden on stone-boats and hay-racks, in grain boxes and home-made cutters; on seats with springs, and more of them without; over bridges that held together by a thin plank and Providence, mainly the latter; and down grades that made each individual hair stand on end; and I have come to the conclusion that for all-round safety, an aeroplane would be the best means of locomotion.

The Large Scale Country

When the two of us who were assigned to the Peace River country first went to the north, 16 months ago, it was not without fear and trepidation.

We had many things to learn in the north country before we would be classed with the real, genuine pioneers. We learned to call a road a

trail. We learned new and strange words like cayuse, muskeg, chinook, caboose. We were introduced to fireguards and hummocks; and we found that the beautiful prairie roses in which the country abounds, were not beautiful when viewed from a farmer's standpoint. We learned to find our place in Eaton's catalogue, and we learned that flour sacks have many, many uses other than their original one. We found that in those two words, freighting grain, were condensed more hardship, pluck and endurance, than we had ever dreamed of. We learned always to carry matches and binder twine, the latter for patching up breaks in the harness and the home-made cutter, if any of you should not know; we learned how to split wood without neatly cleaving your own foot into the bargain; we learned how to cook up a meal out of apparently nothing at all, and we learned how to make bread, from a philanthropic bachelor who politely scorned our theories, learned in a far-off hospital kitchen, and did up the job with neatness and dispatch.

The First Case

Our first case was to dress a man's hand. He had caught it in a threshing machine. When it was finished, we asked if it had been painful and were met with a broad grin. "Not a bit of it," he said, "and all the boys outside are hoping to get hurt, too, so they can have you fix it up." And we knew that the tales of the chivalrous north were true.

When the 'flu epidemic came to us, as it came to every community, we organized the district as best we could. It fell to my lot to journey from homestead to homestead, visiting the sicker patients, distributing supplies and instructing the mothers how to care for the sick ones. Volunteer helpers sprang up from every corner; chores were done in community fashion, and, as is the case in every great crisis, the community arose to the occasion and met it with a will.

Overseas Brides

Obstetrical cases are, and always will be, the largest part of a district nurse's work, until railroads and doctors and hospitals find their way into every corner of this province. There are a great many overseas brides up in that section—women who do not know the West as we do; who have come from rural districts in England and Scotland, where medical service is as taken-for-granted as the air they breathe. They come to live in a little shack in the middle of 160 acres, a mile away from their nearest neighbor, and with the nearest doctor and hospital in the Crossing, 30 miles away or more. One of them wrote to me: "Dear nurse, I have never seen you, but if you only knew what your very name means to me . . . just to know you are in the country and somewhere within reach."

Late one night, I had just gone to bed, when I heard the well-known tinkling of the sleighbells on the trail, and knew that I had to leave my warm bed and go out into the cold. I dressed hastily, donning sheepskins and furs, and, armed with a foot-warmer and a rug, climbed into the grain box that had arrived, and made myself as comfortable as possible on the straw-covered bottom. After a long, cold ride we came to the house. The people were foreigners and could speak no English. One of their neighbors acted as interpreter. The house was a one-room log cabin, and the father and the other eight children were huddled together on one side, while the mother, the patient, occupied the one and only bed. All through the night we fought for the two lives at stake, and it was a hard fight. When the first rays of morning came, the mother lay exhausted—but safe; but the wee baby utterly refused to open his eyes on this cold world. Finally, when I had worked over him for three-quarters of an hour, a feeble wail rewarded my efforts. The father, who had given him up for dead, hastily reassembled his flock, and in accordance with his faith, baptized the child and called him Adam, not ex-

pecting him to live through the day. But Adam disappointed us all, and decided to live more than a day, for he is now a husky baby and will, one day, be one of Canada's prosperous farmers. And as I drove home, cold and tired, but triumphant, I decided that district nursing, for all its hardships, was well worth while.

The problem of nursing a sick patient in a one-room shack where the rest of the family must carry on their lives, have their three meals a day, and sleep, is a hard one. How to get fresh air, with the weather outside at 30 below; how to keep that patient clean and cool, when every drop of water has to be carried a long distance; how to keep bed linen clean when one has to do the washing oneself; how to get a little appetising food for one's patient in a household whose winter diet is porridge and pork; these are problems that the average city nurse does not have to face. And yet that woman got well, and is, today, probably healthier than many of her city sisters.

And once an irate mother came to me with one of my many babies, and said: "Jimmie cries incessantly. We can get no rest all night. I'll give him ten more days to stop it, and then you're going to get him, bag, and baggage!" I could just see that poor little mother struggling through a long day's work of sweeping, cooking, sewing, churning and washing, only to be kept up most of the night by a fretful baby, and I quietly accepted the ten days' option on Jimmie. But Jimmie turned over a new leaf and reformed on the fifth day, and I lost him. And his mother wouldn't have kept her bargain, anyway. They never do when it's a baby that's at stake.

"Cases"

On one of my rounds a case was reported by the school teacher of a 14-year-old boy, a Hungarian, who had fallen and broken his leg six weeks before, and was receiving no medical attention whatever. On investigation, we found the lad in bed, with a six weeks' fracture imperfectly knit, so that his leg turned inward with about

an inch of shortening; and he had an excoriation on his thigh some six inches long, where a resourceful but ignorant stepfather had applied carbolic acid. This boy was sent out to a hospital and an operation had to be performed to save him from deformity.

Another child, deaf and dumb from lack of care during an attack of scarlet fever in babyhood, has been sent to the nearest government school for children of that category at Winnipeg, and she is now being taught to write and talk.

These are only a few of the cases a district nurse meets with in the course of her busy life. And, aside from ministering to suffering human beings, I have more than once been called upon to prescribe for a sick animal. I was called from my sleep one cold night by an anxious man, only to learn that a valuable horse was ill and had I any suggestions? I had. . . but it wouldn't have done to put them into words. On another occasion I helped insert the copper ring into a prize Hereford's nose. It was a strictly surgical performance, and, curiously enough, (such is the nature of man) my reputation soared on the strength of it.

A district nurse gets to know people pretty well. She knows who is making good in a community and who isn't; what children the long-suffering school teacher is having trouble with; who the women are who wash, bake, sew, churn and do all the thousand other jobs incident to farming life, and yet manage to take an active part in the activities of the settlement; apropos of sewing, one pioneer mother of my acquaintance, when Eaton's catalogue and the mail service failed, turned to with a will, and with a package of Diamond Dyes and the accumulation of flour sacks, neatly equipped the entire family with its summer wardrobe.

The district nurse also gets to know who the old grouch of the settlement is, who scorns her services loudly when well, but is the first to clamor for her when 'flu puts in its appear-

ance in the vicinity. Then there are always people in a settlement who are like the Scotchman in the story. He had bought a paper of pins at the shop for sixpence, and several hours later returned and claimed his money back. "The paper says it contains 1000 pins, and it's 17 short, I counted them on my way home." (A Scotchman told me this story so I am justified in passing it on to you.)

In another case, a man called at the nurse's shack and asked that she come the next day to see his brother. The nurse wondered why, if the man was ill, she wasn't asked to come at once, but she held her peace and agreed to come the next day. When she went to make her visit, she found the sick man bathed and shaved and clad in a clean night shirt, lying between clean white sheets (a luxury never looked for in a bachelor shack) while his brother looked on in triumph. The man was suffering from a chronic disease, and his devoted brother, while not hoping for any medical relief, had thought that a visit from a lady would do him good. And so he got out the clean linen, sole remains of a comfortable "down East" home, and cleaned house generally for the lady visitor.

The situation was not without its pathetic side, so the nurse sat down and told the man all the funny stories she could think of, and had the satisfaction of seeing him laugh for a while and forget his pain. And when she went away, her routine visiting fee was solemnly paid her at the door, and as solemnly received. Whether that fee was to be classed as preventive medicine or actual nursing care, she never quite determined.

Women in the Country

High above the town of Peace River, in full view of the three rivers that

unite there, the Hart, the Smokey and the Peace, and close to the old Grouard trail, there is a pioneer's grave standing out in prominence. He had lived all his life in the north country, and when he died, his last wish was that he be buried within sight of all that he had struggled and fought for. Pioneer comrades carried out his wish, and on the stone that marks his grave are cut these words: "Pioneer, Pathfinder, Prospector; he was a friend to every man, and his cabin door was always open."

And as long as the great river flows below on its way to the Arctic, that comparatively unknown man will be famous. It is a magnificent tribute to a pioneer—a man. And is there, you say, a tribute to pioneer women? Yes, there is. But it is not written on a headstone. It lies written on the heart of every man. That great man expressed it when he said: "All that I am I owe to my mother." And we in Canada, would express it something like this today:

"To every pioneer woman,—wife, mother and homemaker, who endured and is enduring, hardships without a murmur. All that she is, and all that she hopes to be, Canada owes to you today."

We want you women to be able to say to your neighbors, and we want you to authorize us, your agents, to say to every woman on a homestead, and to those little war brides up north: "No matter what isolated district you may go into, you do not go alone; the sympathy and support of every woman in Canada goes with you; and we will see to it that proper nursing service will be available for you, even at the very limits of civilization

A little girl who needs a home, a mother, glasses and her tonsils out, was found with unsympathetic grandparents, and on demand that some reasonable care be given the child, they said, "Yes, we are sending to Sears and Roebuck for glasses, and for the tonsils if the child would stop eating so much she would not have them."

LOOKING FORWARD TO THE BIENNIAL CONVENTION



At the Foot of Mt. Rainier

THOSE who attend the biennial convention of the American Nurses' Association, the National organization for Public Health Nursing and the National League of Nursing Education at Seattle next summer, will come to America's wonder one-generation city. There are middle-aged people here who recall Seattle as a frontier trading post with a very few thousand people, without a railroad, with one crude dock, no outside commerce, and as a frontier hamlet concerned only with getting out lumber and salting fish. Today Seattle and its suburbs is the home of 350,000 people, is the largest city west of Minneapolis and north of San Francisco, is the leading port of the Pacific-Asiatic trade, and the trading center for Alaska.

The trip from the Middle-West or Eastern part of the United States is in itself a revelation, and a constantly changing panorama unfolds itself from day to day before the traveler. On reaching Puget Sound one realizes that an entirely distinctive country has been reached.

Dr. Woods Hutchinson, a well-known physician and writer, says: "When once we cross the summit of the Cascades we enter a totally different climate, an air which is mild, gentle and moist, but never depressing; a country of green mountains, dazzling snow-tipped peaks, of grass, of moss, and fern, which knows neither the barrenness of winter nor the brownness of summer." It is never hot in Seattle the maximum temperature in 1921 being 78 degrees.

Seattle is served by four American and one Canadian transcontinental railroads. From California it can also be reached by steamer. The Yellowstone Trail, which runs from Plymouth Rock, Massachusetts, has its western terminus at Seattle. Yellowstone Park and Glacier Park are on the rail route to Seattle from the East. These parks open June 15th. Rainier National Park, a few hours ride from Seattle, opens June 20th.

There are many side trips, both by land and water, all inexpensive.

METHODS OF TEACHING*

By SUSAN A. WATSON

*Theoretical Instructor of Nurses, Washington University
St. Louis, Mo.*

I HAVE often wished in my own teaching, that I could open some book or attend some lecture on the way to teach in general, that would always fit, and serve as an infallible guide. If we were dealing with the facts alone, it might be done, assuming that all people would be alike and would have an equal power of receptivity. But the circumstances are never the same. The method to be selected depends so largely on the subject to be taught, the pupils, the equipment, the teacher, the place, there never being a like combination of factors. At first thought, it seemed as if I could have little to tell you since the conditions of our teaching differ so widely; but we are all nurses and all nurses are teachers or should be, though some have greater opportunities than others. The Public Health Nurses and instructors in training schools have rather a wider field than the private duty nurses or office nurses.

Therefore I cannot give you any set method, but can only talk about some of the guiding principles, leaving you to apply them to your particular combination of circumstances. Even were it possible for me to so foresee the places in which you would be doing your teaching, I would not be fitted to give you a method, as I have had as little practical experience in public health nursing as most of you have had in theoretical teaching.

I think one of the essentials of successful teaching is to win the confidence and, if possible, the liking, of those whom you would teach. There is no way so sure of establishing this feeling as to convince them, by friendliness, of your sincere interest; and it goes without saying, that no one who is not interested in *people*, can be a good teacher. Here is an

example of what I mean. One of my pupils was ill. As usual, taking every means in my power to establish as many points of contact as possible, I went to see her, trying to bring a few minutes change into the tedious day in bed. When I was leaving, she thanked me for coming, adding, "We aren't used to having the faculty take a personal interest in us." I laughingly told her that no thanks were necessary as it was part of my job. She said, "But you do not do it as if it were work, but as if you liked to." This suggests another point—do your work in all its details as if you liked to. Psychology tells us that our physical attitude toward our work, or the thing which we are doing, determines our feeling toward it.

There are several reasons why a teacher should try to know her pupils personally as individuals. It makes the atmosphere of the class room or place of teaching less formal, thus promoting greater freedom of expression and less fear to those of timid natures in asking questions, thus obtaining more thorough understanding. It enables the teacher to know the past experience of her pupils, showing her what she has to build on. She can frame her questions to the different persons accordingly, and tell where some points must be emphasized. The nearer we can come to the lives of those with whom we work, the less likely our work will become monotonous. It does not do for a teacher to lose her enthusiasm, and the different pupils bring fresh interests to her. It gives a greater satisfaction because only as we feel that we are necessary to some person or group of persons are we truly content.

Every teacher who has studied pedagogy at all, in preparation for her work, knows that the first thing

*This lecture was one of a series arranged by the Visiting Nurse Association of St. Louis Mo. An invitation to these lectures was extended to all nurses in St. Louis.

to be settled in her own mind and by her pupils is the aim of the instruction.

Why is she teaching and what does she hope to accomplish by doing so? That it will make her pupils better able to adapt themselves to their environment is the thing to be sought, for that is what education is. If the environment is one which puts a handicap on the individual, either from a standpoint of health, or from a social point of view, he must be educated to overcome these conditions.

All nurses are teachers, none more so than the Public Health Nurse. So when I use the word teacher, please apply it directly to yourself and your work.

Before you begin a piece of teaching work with a person, or group of people, take the time to think things over, so that you may know definitely in your own mind whither you are bound, in order that you can best determine by what means you may get there. If you were setting out on a journey, the reason for going to some particular place would go far in fixing your route and the accessories of travelling; certain things would be absolutely indispensable, while others might offer some choice. So in starting out to teach, we must know what we are aiming toward, and that will help us to tell what subject-matter will lead us there and how we shall teach it. Some teachers start out with the air of "I don't know where I am going, but I am on my way," which naturally does not produce effective results. Your end or aim might be the same in general whether you were teaching a group of Italian "little mothers" how to care for their small brothers or sisters, or whether you were instructing an intelligent young American mother on the care of her small child, but would differ in many particulars according to which you were to teach. Hence one's method cannot be too set, else the teaching loses its spontaneous element and becomes mechanical. Each time the thing is taught there

should be the same enthusiasm as the first time.

One who has to answer the question, "Why am I doing this work?" by the admission that it is solely to earn a living or for some other selfish aim, and not partly at least for love of the work, should try with all her might to become so interested in her work that the educational aim shall be the primary concern. When one is motivated by a selfish end primarily, it shows every time by the type of work which we dub mercenary, or we say of the person that "her heart is not in her work." You remember it was the Hessian soldiers or "mercenaries" who were surprised at their revels by the barefoot soldiers from Valley Forge. They were in the work of soldiering only for the money and adventure, whereas the others had a love of the cause. So it is with all professions; the ideals are betrayed by the mercenaries.

Do not fall into the error of trying to give too much at one time. New things are not always readily grasped and the mind trained by experience cannot always estimate how little the untrained can take in. It is better to have a thing well understood so that no mistake is made the first time it is done. If one takes time to plan carefully, this will be avoided, and what one does can be more thorough and lay a foundation for the next step.

Each one of us can call to mind some one who represents to us our idea of an educated person; someone who has something to contribute to the community. How is the particular bit which we have to contribute going to fit in with education as a whole? What relation is there between life in general and our own subject? One should have a definite aim for each day's program if results are to be expected.

The aim of the teacher is not necessarily the same as that of the pupil, though both should have one and each should know that of the other in order to work together more harmoniously. The pupil will think more of the effect on herself as an

individual. Her knowledge will be increased, which is of value to her either as a means of earning her living or to add to her culture. Some may have a more altruistic aim, that of the effect of their increased knowledge on society. This latter will be nearer that of the teacher. There is an individual effect on the teacher because one usually learns by teaching others.

The best way to perfect this object to be held in mind is to let it be worked out to fill the need which is felt by the pupil. It is the part of the teacher to lead the pupil to see where and how her aim may be broadened so as to include others beside herself. It is better to work from the end of what she feels she needs rather than that the teacher should say briskly in the beginning "Now I've come to show you about this because I think it is something you ought to know." This last makes me think of an examination question which I sometimes ask in Hygiene. The class are asked to write a letter to a young girl away at school telling her what points in personal hygiene she should observe in order to keep well. Many have no imagination, and a very stilted letter follows my suggestion as to the aim, usually beginning "My dear Mary:— There are some things I have learned in my course in Hygiene, which I think you ought to know in order to keep well." Then follows a very impersonal list of points.

It is more difficult to fix upon the reason for attending a particular course of lectures in a school where certain prescribed studies are a part of the curriculum than where the attendance is in response to a more immediate need, as that of caring for one's family.

There are two instinctive elements of behavior which are utilized to a large extent in teaching. These are imitation and play. Everyone tends unconsciously to imitate one whom she fancies her superior in some way. Or she may recognize the superior trait and fix her attention on that element which creates the superiority, trying to do likewise. The teacher

who demonstrates practical nursing procedures, or a piece of housework is making use of this instinct. We all know that unless the one being taught thinks the lesson is going to be of some value to her, she will not want to alter her established way of performing the act, and will not attend to the matter in hand.

This brings up the matter of attention, which is important to the teacher who must know how to hold the interest of her pupils. Psychology divides it into two kinds. The kind of attention which comes because the matter presented has some interest in itself is called involuntary or passive. We keep our minds on the matter in hand because we cannot help it, it is more interesting than anything else for the time being.

One of the things which calls forth this kind of attention is intensity of stimulation, or the vividness with which the subject is given. Something which relates to our likes and dislikes holds our attention, for you know how much more interesting a topic of conversation is when it refers to a person whom either we like or dislike; if we are indifferent to a person or thing, we do not care to give them much space in our consciousness, unless they are thrust there by something vivid. Anything moving always attracts the attention, especially when interest has begun to flag, so when the teacher notices signs of inattention, indicated by wandering glances, sighing, yawning, changing of position, or looking at watches, it is time for her to bring it back either by moving to the blackboard for drawing demonstrations, or by requiring something active from the pupils.

Again, the new is always more interesting than the old. I find that usually pupils are more interested in anatomy than hygiene, as it is entirely different from anything studied before. An old subject, to be made interesting, must be presented in aspects not thought of before. It has been a matter of speculation as to why it is that many things which

were taught to me and to others of my generation in training, still remain with us, while they seem to have already passed from the minds of some of our pupils. The answer is, the way in which those facts were taught. In the earlier days of teaching practical nursing, unpleasant results followed failure to do things in the way we had been taught. It is a law of psychology that we pay more heed to unpleasant consequences than to those containing only the element of satisfaction. To illustrate: One morning when I was on night duty, in my haste, because of the amount of work to be done before seven o'clock, I failed to see that the patients' finger nails were clean, morning toilets being a part of the morning routine. About eleven o'clock, when sleeping soundly, I was summoned to the ward to clean all the finger nails. Needless to say, to my dying day I shall never be able to give any patient attention in her morning toilet without thinking of the fingernails. Suppose on the other hand, that I had cleaned all the nails so well that the superintendant had been moved to remark on the nicety of the patients' appearance, the chances are that I should not have heard of it and even if I had, my complacency would not have been sufficient to have held it in mind over a period of years. Perhaps those of us who suffered under the old régime have swung to the other extreme, but we would not exchange our ability to carry out the details which mark careful nursing, even though it was impressed upon us by somewhat stern methods, for the greater theoretical knowledge of today.

The other kind of attention is active or voluntary. It is given because we have some end in view, to a subject which does not interest us in itself. It is this kind of attention which keeps a pupil's interest after the novelty has worn off. When a subject is first studied it has interest in itself, but in some cases, especially if there is any drill work about it, it becomes interesting only because of

what we want to achieve eventually or if we can show increasing skill as a result of our attention. The professors at Teachers College in New York used to consider the group of nurses very satisfactory students because they had come there to get something and were intending to get it.

One can always obtain better results when a definite relation can be shown between the subject taught and one's every day life. It has more value in the mind of the pupil and therefore stimulates more interest. One never remains interested if there is no chance to try it for oneself. One of the fascinations of practical nursing is to see if the skill of the instructor who demonstrates can be simulated, and after a season of arduous practice it is a happy day when a word of praise is given. One reason why the home nursing classes never have the same zest as the identical process in the hospital training school is that there is not the opportunity for practice, nor the incentive of future value. It is only a preparation for a contingency that it is hoped may not happen.

The instinct to play is utilized more in teaching the young than for the more mature. The difference between work and play is often only a matter of spirit. Perhaps you remember the immortal Tom Sawyer who was put to whitewashing his aunt's fence; he so presented the pleasure of this activity and its advantages, to his companions that all of them wanted to try their hands at it. We have all seen children working furiously at something which called forth the remark, "If they had to do that as work, it would be no fun." We might therefore say that play is something that we want to do, and work is something that we have to do. With grown-ups, play is often as strenuous as work, but we do it because we want to, and not as an occupation. If a man had to earn his living by playing golf or by dancing or swimming, it would no longer be play and his leisure hours would bring

activity in another direction. In dealing with children, valuable lessons may be taught through play. That is the method of the kindergarten teacher. Civil government is often best taught by establishing a republic or a municipality within the school. The nurse can sometimes play with her little patient or her patient's children, to whom she is usually an object of great admiration, teaching through play hygiene or the rudiments of home nursing.

A keen observation must be cultivated, both as a guide of what to teach and in order to know how that which is taught is being received. There are many little things which may be worked in unobtrusively if the teacher has used her senses to the fullest extent. If she sees that her ideas are not being comprehended she can use different words, simpler ones, perhaps, that can be more readily grasped by a mind to which these things are new. She must begin with that which is known and lead toward the new in terms which are in the pupil's vocabulary, adding to that vocabulary words which can be used intelligently. I have heard doctors deliver lectures which would have been excellent for their colleagues, but were expressed in terms unintelligible to the young pupils who were too timid to ask their meaning.

A point is more likely to be remembered when as many of the senses as possible are called into use. Do not only speak the fact you are seeking to impress, but write the words or make a diagram on the blackboard, or if possible let the pupils themselves do something. It is a well known fact that the muscular sense makes a thing remembered by wearing a little path in the brain.

In your work you must be able to show why your way is better than that of the patient's mother or grandmother or of Mrs. Smith, the neighbor upstairs. But you must give due credit to any good which their methods may have.

One must be careful to treat harmless superstitions with gentleness until

the ground is firm with the new friends. We do not get anywhere by trying to remove them too suddenly. In connection with this, I recall an experience of mine on the Boston Floating Hospital. A young Portuguese mother brought her baby to the hospital, suffering with some trouble which needed care during the day but not serious enough to keep the child with us at night. The baby was in a pitiable condition, not having had a bath since it was born and with finger nails like little claws. The mother could not speak English but she watched me bathe the baby with interest and I tried to show her just how to do it. Being ignorant of the dire consequences which would befall the child if its finger nails were cut, especially on certain days of the week, I did not heed her distress when I proceeded to cut the nails. The following day she did not return and when the on-shore nurse looked her up a few days later, because the baby needed care, she found that the family had moved to escape the evil which would surely follow.

Do not be stingy with words of approval if deserved. As we recall our training school days, do we not remember having far more criticism than recognition of our efforts? Were we not willing to work much harder for the head nurse who showed appreciation of our endeavors as well as criticism of our failures?

The teacher must have infinite patience. She is working with minds whose perceptions are not as keen in that direction as experience has made her own. She must never hint by words, voice or manner, that she is impatient with her pupil or pupils, but be willing to go over the ground in many different ways and times, and then stimulate action from them to complete the process of absorption. Teachers often say that they cannot afford to be irritable, and if the seeming stupidity of those whom we are attempting to instruct arouses this feeling, it must be rigorously sup-

pressed, lest we spoil our reciprocity of ideas.

One of the greatest problems which a teacher of any kind has to face is to present her material so that her pupil will remember it. Nothing is more discouraging than to spend laborious effort on presenting an idea and flattering oneself that it has been received, only to find, when a test of the memory is made a few days later, that the mind is still a blank concerning it. When we recall those teachers who have taught us, we can select some that stand out in our memories and we say,—“She was a good teacher.” Why do we say this of some and not of others? One cause is thoroughness. The teacher who kept at the thing until we understood it and made us want to work for mastery of it, is remembered. Thorough understanding is necessary. Ideas can be assimilated only through thought which makes them our own. Hence odd phrases and illustrations often strike the attention and make a mark in the memory around which the ideas can cluster. These expressions, quite unimportant in themselves, become the focus which knit the other points together.

Pupils should be encouraged to ask questions so that their difficulties can be cleared up. We often find pupils who are mentally lazy. They usually begin something like this: “Miss Watson, I do not understand this.” When I try to find where the known leaves off and the unknown begins, they say, “I do not understand any of it.” This usually means that the pupil has not been willing to give the subject enough thought to discover what she knows or does not know of the subject, but has only a vague feeling of difficulty. The wise teacher will try to cultivate the ability to think on the part of the pupils by giving them opportunity to exercise this faculty. I knew of a young woman who was practical instructor in a training school; on asking a pupil of that training school if she were a good teacher, the reply received was, that she could do things beautifully

with skill and speed, but that she would not give the class a chance to ask questions and seemed irritated if anyone insisted on asking them.

All teachers have had the disheartening experience of asking if there are questions and being met by a blank wall of silence. No one is so foolish as to suppose that her presentation has been so clear that there are no difficulties. But, natural mental inertia is prominent and there is not the ability to grasp the thing quickly, simply because the habit of thought has not been stimulated.

Pupils enjoy doing things themselves rather than always having to look on. Doubtless the teacher can prepare in a way that the pupil cannot, but she must sacrifice a little of the time to the pupil's activity. Class room discussions must sometimes be checked when they tend to become irrelevant to the day's topic. For example, a friend of mine started one day, when a young teacher, a class in Hygiene, on the subject of clothing. Gradually the trend of the discussion shifted without her being aware of it, until she found herself with the hour nearly over, involved in a fruitless discussion of the habits of fur-bearing animals.

In the process of learning, the sooner one can have an opportunity to put knowledge into practice, the greater stimulus there will be for further endeavor. There is great satisfaction in this sense of achievement and it is human nature to enjoy repeating this act which produces satisfaction until the act is no longer new, but has been learned. We can be started doing this and carry it through without much conscious effort; it has become a habit.

The teacher must have an imagination in order to see, when she is planning the lesson, the reaction of her pupils to the subject. She will then give it in the way best suited to them. You would give the subject of rickets to a group of colored mothers in a very different way than that which you would employ to a

group of pupil nurses or social workers.

If asked which of these points on which I have touched needs emphasis, I would say: First, personal contact between teacher and pupil; and second, self activity on the part of the pupil.

To summarize: It is true in every direction of life, that what we get out of a thing depends on what we put into it. If we put something in and do not get what we consider an adequate return, we feel a sense of failure or defeat. It may be effort

which may repay us in terms of enjoyment, or money which can be exchanged for enjoyment, or satisfaction of some want. There is nothing of which this is true more than of study. What we put in, either as teachers or pupils, is effort. It may be physical effort or practice, or mental effort as thought. What we get out of it, is the achievement of our aim. Here is the importance of a definite practical aim. In thinking whether or not that aim is being attained, we can discover where we are weak and what our difficulties are.

ADVANTAGE OF CLOSE CONTACT WITH PARENT-TEACHERS ASSOCIATION

It is well worth our while, as Public Health Nurses, to associate ourselves with any organization that contributes to the constructive program of a town, county, village or state. More than this, it is extremely important that we ask advice and ally ourselves with any properly organized association that concerns itself with the citizen of tomorrow—the child.

It is generally conceded that the home and the school should have, and encouragingly are growing to have, a most definite contact, one with the other. When we say *home*, we think of the parents—mother and father. When we say *school*, we think of the instructors or “teacher.”

With these two important elements in mind, the Parent-Teachers' Association has been formed in order that parents and teachers may counsel with each other concerning “the child.”

The Public Health Nurse has a real contribution to make to this Association, and certainly an actual benefit to be derived from such contact.

Health should, in its most vital and attractive way, form a part of all subjects for discussion by the Parent-Teachers' Association.

The nurse has a true sympathy for the growing child, as well as a knowledge of his physical well-being or defects. She understands that necessity for play so evident in his restless period of growth. She desires to make known through every channel the value of prevention of disease, so that the child's chances for unbroken health may be increased. Added to these is her appreciation of the value of discipline.

All these lend a strong link to complete the chain of parent, teacher, and nurse; or home, school and health.

Ask to be invited to speak at such meetings or offer to explain your work, and be sure you make your explanation honest, interesting, sound and helpful.

Certainly discussions of discipline, fireproof buildings, free or charge textbooks, half or whole day sessions, should play no greater part in the discussion of Parent-Teachers' Associations than hot-noon lunch, proper ventilation, seating, lighting, posture, physical inspection of school children, supervised play, general sanitation of buildings, and corrections of obvious defects, as well as yearly medical examination by a physician.

You can help—and in return, your acquaintance with Parents and Teachers will bring you the sympathy and understanding of each, and an increased further knowledge for yourself of subjects outside your own work. This mutual understanding will strengthen the financial and moral support of your community health plan, and enable you to “carry on” with greater efficiency.

Frances V. Brink.

EPIDEMIC POLIOMYELITIS

HOW MOTHERS CAN HELP TO PROTECT CHILDREN FROM ONE OF THEIR GREATEST ENEMIES, INFANTILE PARALYSIS

THROUGHOUT the world mothers are the protectors of children. No matter in what country she lives or what language she speaks, there is not a true mother anywhere who would not work with all her heart and strength to save her own child and other children from illness or deformity or death.

When a baby is born the first question asked is, "Is it all right?" That means:—Has this child a proper body with a well-shaped head and straight back and limbs? And from that hour of birth begins the mother's work of keeping her child strong and healthy.

This is written to ask mothers to help the doctors and nurses to save their children from one of childhood's worst enemies, infantile paralysis. But before they can help it is necessary that the mothers should know some of the things about this disease which the doctors and nurses have been finding out.

Infantile paralysis is caused by germs and poisons which enter the body through the nose and throat and are carried by the blood into the spinal cord where, by pressure and bleeding, they injure the nerves.

A child who has the disease gives it to others, and this is true even when the illness is so slight as to be almost unnoticed.

Often the mother does not know that her child is really sick and permits him to go about perfectly freely. This type of child is the most dangerous carrier of the disease because no one is afraid of him and he can scatter the germs among hundreds of other children.

Therefore, when there is an epidemic of infantile paralysis in your community *watch your children carefully and if you find that they are even slightly sick keep them away from others and call in a doctor or a nurse.*

There is a law which requires that children affected with this disease shall be isolated. That means that

such children should not be allowed to associate with others *even in family life or in neighborhood play.*

No articles used by them, such as eating utensils, clothing, toys, or books should be handled by others. Above all, they must be kept away from places of public gatherings, such as churches, schools, moving picture shows, etc., and they must never use public conveyances.

Infantile paralysis usually begins with symptoms resembling those of a cold but in many cases there may be fever and vomiting which last for two or three days. Then paralysis of the arms or legs appears. We know, however, that the real trouble is not in the arms and legs.

All the nerves which make the muscles act are located in the spinal column or back bone, and when these nerves are injured or made sick by poison germs they cannot do their work and the muscles in the legs and arms or other parts of the body far away from the back bone are not able to move.

It is just like a street car with the electricity shut off. The car may be perfectly good and all its wheels may be round and smooth and well oiled, but without the electric current it will stand perfectly still on the track.

Now remember this in connection with paralysis in a child: the muscles may be strong and healthy and ready to move, but if the current that moves them, that is, the nerves in the spinal cord are injured or sick, the muscles will have to stand still. *This is paralysis.*

In times of epidemics a great many children die in the early stages of the disease because the paralysis reaches to the muscles that control the breathing.

How can we prevent permanent paralysis and deformity in those children who live?

So far, there are no medicines or serums that will cure paralysis; we

cannot get to the nerves in the back bone to wash out the poisons or stop the bleeding so we must *help the sick nerves by keeping the muscles quiet.*

From the very beginning of the illness and for as long a time afterward as the doctor may decide, the patient must lie in bed and the legs and arms or other affected muscles must not be moved.

Even the mother must not move the child to bathe or rub it or change its clothes. All handling must be left to the nurse who is especially trained for this work, for any strain to a muscle at this time may cause injury or bleeding in the nerve and that may result in death or a deformed or useless limb for the rest of life.

There are many appliances which can be used to keep the muscles quiet and prevent deformities. These are braces, splints, plaster casts, corsets, etc., and at a later stage, crutches.

This rest and protection of the muscles must be given in the case of each child according to the judgment of the physician in charge.

With the knowledge we have nowadays there should be fewer cases of deformity following infantile paralysis if parents would co-operate fully with the doctors and nurses in seeing that the right things are done.

After the prevention of deformity by rest and the use of proper appli-

ances the next step is the training of the muscles to carry on their regular work. It requires much skill and experience to know just how much these weakened muscles should be called on to do.

This is a very important stage and a dangerous one, too, because the child feels like doing more than the muscles are able to perform, and because the muscles of the legs and arms actually move better outside of the brace or cast than in it.

But we must not trust to appearances. Slowly and patiently the work of strengthening and training the muscles must be carried on by some one who understands that this important work often means giving you back a healthy, active child instead of one that is crooked and lame.

The Visiting Nurse Associations employ nurses who are trained for this purpose. The Health Departments also have nurses whose service is at the command of every child who has poliomyelitis in any stage.

We ask mothers to report promptly all cases which show symptoms of infantile paralysis, and to help us to save children from the lameness and deformity which we now know can often be prevented if enough time and care are given to the task.

(Signed) *A Mother*

HOW DISTRICT NURSES SAVE THE RATE PAYERS' MONEY

At the annual meeting of the Brighton, Hove and Preston District Nursing Association, (England) it was pointed out that whereas formerly 30 per cent of the boys in attendance at the Blind School owed their blindness to inflammation of the eyes after birth, since the handing over of these cases to the Queen's Nurses there have been no further recruits to the Blind School from that cause. This means a saving to the Education Committee in each instance of £700.

(*The Nursing Mirror and Midwives' Journal*)

A HEALTH EDUCATION CAMPAIGN

By FRANK R. ELLIOTT

Indiana University

INDIANA University is continuing this year the health education campaign carried out last spring throughout the State at the instance of the State Department of Public Instruction, with the primary purpose of interesting the people of the State in the employment of Public Health Nurses, and with the additional aim of reaching high school girls, women's organizations and the general community in such a way as to encourage recognition of the importance of increasing the number of young women being trained for nursing service.

Miss Grace Pitt and Miss Mabel Loveless, registered graduate nurses from the Indiana University School for Nurses, are carrying on the field work, which will take them into practically every county in the State during the next seven months. Mrs. Ethel P. Clarke, director of the Indiana University School of Nursing, is in charge of the work of the visiting nurses, while the arrangement of the itinerary is in the hands of the Indiana University Extension Division at Bloomington.

By means of conferences, demonstrations of nursing procedure, exhibits on the care of children, and moving pictures, the nurses make their work of practical value to the communities visited. A program of three days is scheduled for each community, the first of which is devoted to setting up the exhibits and explaining them to individuals and groups. The morning of the second day is taken up with lectures, demonstrations and conferences with high school girls. The work of the Public Health Nurse in the care of babies, in the examination of school children, and in nursing procedure which has special interest for the particular community visited, is explained during the afternoon of the second day. The evening program consists of a lecture on community health problems. The third day is

taken up with informal conferences, by appointment or otherwise, with girls as to the nursing profession, with mothers and teachers on the care of children, and with other persons who desire assistance. The visiting nurses carry with them four reels of motion pictures, one reel showing the instructional work given in training schools for nurses, one reel on the uses and methods of handling milk, and two reels entitled "An Equal Chance," which demonstrate the various ways in which children suffering with disease and injury may be brought to normal life.

Last year the field nurses covered thirty - seven counties of Indiana, twenty-three of which had no Public Health Nurse, and one of which had no registered graduate nurse in any branch of work. More than 8500 high school girls attended talks on the preparation of foods and on nursing as a profession, while more than 1700 mothers and teachers had personal interviews with the nurses on the care of children.

The visiting nurses found twenty counties calling for Public Health Nurses, without being able to obtain them, and in Ohio county, the smallest in the State, a fund of \$1500 had been placed in the bank to be used for the services of a Public Health Nurse as soon as one could be found.

Among the interesting experiences which show the practical value of the health crusade was that of the nurses at Oakland City, where they found a ten-year-old daughter of foreign parents almost blind. The child attended a lecture by the nurses and after hearing something of what could be done in cases of threatened loss of sight ran home and brought her mother to the nurses. The interview with them developed the fact that the ignorant mother looked upon the case as entirely hopeless, but the nurses took up the matter with experts at

the State school for the blind, with good prospects for complete restoration of the child's sight.

Among the humorous incidents of their crusade last year the nurses tell the story of a small boy at Anderson, Ind., who, after hearing a health talk for children, called up and asked if his

ears belonged to his face or to his neck. He explained that he hoped they belonged to his neck, for if they belonged to his face he would have to wash them three times a day instead of once a day if they belonged to his neck.

IN HAWAII

SIX months ago I came to Hilo to begin public health work. Progress has been slow for many reasons. In the first place, few people here had ever heard of a Public Health Nurse and knew little of her duties. Then there are at least twelve different nationalities in Hilo, whose population is about 10,600 persons. Each of these nations represents different customs, traditions, religious views. All these make entrance into the homes difficult; still, by working through the schools, which are my point of contact, admittance has been gained to many homes. I am always received very courteously, but seldom allowed to do any bedside nursing to the sick members of the family.

I visit each of the six schools in Hilo at least once a week and hold a small clinic for minor dressings, and inspect

suspicious cases of communicable diseases. I never lose an opportunity to give little talks on personal hygiene. In most of these schools my workroom is a closet, store room or, which is much airier, the school porch.

I have no car, but an old Japanese who runs a jitney Ford comes for me when it is necessary to ride. He knows my route so well that he questions any variations I may make.

This summer I expect to hold some classes on "Home Hygiene and Care of the Sick." It may be necessary to teach the Japanese and Koreans with an interpreter, but the Chinese and of course, Hawaiians and Portuguese, are

far enough advanced to do without one.

This is the largest and most beautiful of all the Islands. We have an active volcano, two snow-capped mountains about the same height, and all the tropical vegetation.

—Catharine S. Bastin, Public Health Nurse, Hilo Hawaii



The schools and the children are the point of contact.

SCHOOL MEDICAL SERVICE*

By CECILE MECHELYNCK

Directrice Générale de l'Association des Infirmières de Belgique

IN October, 1920, I arrived in London, having been selected as the Belgian student in the First International Course for Public Health Nurses, organized at King's College for Women under the auspices of Miss Fitzgerald, Chief of the Nursing Division of the League of Red Cross Societies. I thus had the opportunity of studying English methods and took particular interest in the medical work being undertaken in schools, as I felt that this branch of public health work required considerable development in Belgium, in spite of the fact that medical inspection of schools had been in force for a considerable time, and in spite of the law passed in 1914, the application of which, however, had been prevented by the German occupation. School medical service in Belgium is now regulated by the Royal decree of March 25, 1921. Several districts have endeavored to organize a school nursing service but considerable difficulties have been encountered, as no visiting nursing courses had been established until those organized by the Association des Infirmières Visiteuses de Belgique in October, 1919. Since 1920 the A. I. V. B. has undertaken the organization of a school nursing service and I felt that my knowledge of English methods would be of considerable value to this association for which I had worked since its foundation.

England

Medical inspection in schools was introduced in England in 1908 by the Education Act of 1907 and is compulsory in elementary schools but optional in secondary schools. The Fisher's Act of 1918 obliges all Education Authorities to make provision for medical treatment of their pupils. Private schools may also benefit by school medical inspection, if desired.

All programs must be approved by the Board of Education.

In each district a school medical officer is appointed, usually under the direction of the County Medical Officer of Health or the Education Department, and he is provided with one or more assistants according to the number of scholars. Dentists and specialists are also appointed.

During a fortnight spent in Durham I was able to study the methods employed in a county, densely populated in certain mining districts and less so in the rural and agricultural districts, where for the last ten years health visitors have undertaken extensive activities. At the present time about 60 health visitors are working under the direction of a superintendent, most of them being trained nurses with an additional special public health diploma. These visitors do not specialize in one particular branch but combine all branches of public health work. This system has many advantages but is only practicable in rural districts or small towns. In large cities, such as London, Birmingham or the cities of France or America the work has to be divided into different branches, the disadvantage of this method being that several different nurses visit the same family. During school inspections the health visitor assists the dentist or the doctor, attends to records, indicates children who in her opinion require special care and reports the results of her visits to the various homes, keeping in constant contact with the families. She visits the school daily or every two days, inspects the children and keeps the headmaster or mistress informed as to sanitary conditions.

Mentally defective children receive a special examination and if necessary are sent to a special school in the

* Translated by League of Red Cross Societies.

county where most satisfactory results are obtained. Unfortunately the lack of school clinics in the county of Durham prevents this excellent method of school inspection from obtaining quite such salutary results as might be desired. The doctor diagnoses the illness or physical defect, advising the parents as to the best method of treatment; the health visitor visits the home, but even then in nine cases out of ten proper, regular treatment is not continued and the child is found to be little better or possibly worse at the next inspection. This is due also to the small number of hospitals in the county. School clinics are imperative, and the County Council has the matter in hand, so it is hoped very shortly to establish several, indeed it is probable that the first of these, in an important industrial center, is already functioning.

In London the school medical service is extremely complex and varies in the different districts, so it would be difficult for me to give a general idea of the methods employed. Medical school inspection, however, is general. There are many school clinics and the nurses daily care for a considerable number of children. Each school has a committee called a "Care Committee," which keeps in touch with the children and concerns itself with their future. In London this work is undertaken chiefly by voluntary workers, many of whom have taken courses in social work. Students taking the Health Visitor or Social Worker courses at the London University frequently study their practical work on these committees.

In Birmingham conditions are quite different. The town and suburbs form one uniform organization with regard to school medical service. The school medical officer under the Education Department is in charge of the whole work and has under his direction eight assistants and several part-time specialists, as well as 24 nurses to assist with inspections and clinic work for approximately 167,000 school children in the city. Medical and dental inspections take place at the

schools with a nurse in attendance, but treatment is given in the clinics, of which there are nine, each receiving children from a specified district. A doctor spends several hours daily at each clinic treating children sent either by the schoolmaster or the nurse, sees that tuberculous children are sent to the dispensary, etc. All children with sores, boils, spots, skin diseases, etc., are treated at the school clinic; ringworm is treated with X-Rays, scabies with baths; teeth and mouth affections are treated by dentists permanently employed on the premises. A special room is reserved for children recovering from anesthetics, and eye, nose, throat and ear specialists visit the children at the clinic when necessary, for thorough examination.

Owing to the ever-increasing number of children suffering from adenoids and hypertrophy of the tonsils and the limited hospital accommodation which cannot cope with the demand for such treatment, the Department of Education in Birmingham has decided upon the creation of a center for the treatment of these affections, and a clinic has been specially equipped for the purpose. Very favorable results have been obtained from this center which consists of a waiting room where children are undressed, a small operation room and a room with 14 beds where the children may spend the night. Operations are performed three times a week, and 42 children at a time take their turns, one week girls and the next week boys. The parents bring their children in the afternoon with a change of linen; they wait to hear the result of the operation and then go home, returning next morning for the children. A preliminary card is sent to the parent with preparatory instructions before the operation, and full instructions as to treatment and precautions necessary after the operation are given when the child returns home, and breathing exercises at the school clinic are advised. Two nurses are in attendance, one to assist the surgeon and the other to look after

the children, and in addition to these a night nurse is in attendance. All treatment is gratis at the school clinics but a small fee of two shillings is required for X-Ray treatment, the removal of tonsils, etc., but in these cases the children spend the night at the clinic and have their morning meal, and even this small sum may be paid in installments or is reduced in necessitous cases, the minimum charge being 6d.

The physical exercise clinic is open daily, in the morning for boys and in the afternoon for girls and is under the direction of a masseuse who also holds a physical culture diploma. She treats cases requiring special exercises, massage or respiratory exercises.

Each clinic has an excellent record system and each child receives a blue card of absence, the schoolmaster being notified by the clinic.

The school nurse attends the school daily; she also occasionally visits in the homes, but the majority of home visits are paid by the nurses attached to the Health Service of the city, who report to the clinic and to the school nurse. The drawback to this system is that families are visited by a nurse who does not know the children and probably less attention is paid to her advice and instructions than would be the case if the school nurse herself paid these home visits.

Tuberculous children are sent to the dispensary and there it is decided if sanatorium treatment is necessary; if so they are sent to the large sanatorium for children close to the city. Delicate and convalescent children are sent to a large outdoor school on the outskirts of Birmingham, which was the gift of a generous philanthropist. Uffcoline Open Air School is situated in a large park and 130 boys and girls daily lead a healthy, hygienic, strengthening life from 8:30 a. m. to 5:30 p. m. Simple, nourishing meals are provided, before and after

each of which the children are made to rest in the open air in little hammocks. Outdoor classes and games complete the daily program. Every convenience is provided, including a room for medical consultation, and in every respect the school is an ideal one. The doctor pays a weekly visit and the nurse attends daily to carefully watch the little patients who are not allowed to return to school until completely cured. In one or two cases children have been kept as long as three years, but six months to one year is the average. Tram transportation is free and the parents only pay 2s 6d per week for the three daily meals for five days (English schools always close on Saturdays), and reduction is made in cases of extreme poverty.

There are special schools for the deaf and dumb, the crippled (with motor transport in care of a nurse), the blind, and special classes are held for mentally deficient. The latter are frequently sent to Monyhull Colony, which takes 200 children and where homes, schools, workshops, gardens are reserved for them. They may stay in the colony for a year, at the end of which the period is frequently renewed and later, if they do not improve, they may enter the section for adults.

The Department of Public Instruction in Birmingham[†] concerns itself with the future of the children and has instituted an employment bureau for children on leaving school at the age of 14 years. This bureau is in touch with the school medical officer who personally examines the children and interviews and advises the parents in the choice of a trade or profession. I was in England at a critical time and my visits to Durham and Birmingham were paid during the coal strike when hundreds of thousands of men and women were out of work, the number of unemployed increasing daily. The establishment of children

[†] I should like here to express my gratitude to Drs. Mabel Brodie and Patterson, Medical Officers of the County of Durham, who gave us every facility for seeing the work and put us in touch with the superintendent of visiting nurses. Also to Dr. George Auden, School Medical Officer in Birmingham, who, with untiring activity, showed us everything of interest and furnished us with all possible information.

in trades or professions was therefore most difficult.

I also discussed the Public Health work being done in Canada and the United States with my two colleagues from those countries and received from them the following information:

United States

In the United States, in the large, industrial cities, medical inspection and school clinics are general. In the rural districts this service is in process of organization. The nurse has a carriage or motor at her disposal and accompanies the doctor during his inspections. At other times she visits the schools alone, notifying the schoolmaster of her approaching visit, and is assisted by him in the records and with information regarding each child. She calls the parents together and gives them a talk on public health, organizes "Health Shows," public health exhibits, health plays and games and distributes pamphlets and stories to the children. Poverty is rare in these rural districts and each child can be placed under the care of the family doctor.

Canada

In the large cities of Canada (Toronto, Montreal, etc.) school clinics are also in existence and in Saskatchewan and other provinces the inspection of schools is entirely in the hands of trained nurses, who possess both a university and a public health nursing certificate. Many were previously teachers and have given up that profession to become nurses. The popu-

lation in these provinces is generally composed of farmers who can pay for the services of a family doctor.

The Junior Red Cross renders assistance in necessitous cases. Thanks to talks to the children and parents, and to lessons in hygiene given by the nurses with the collaboration of the school teachers, satisfactory results are obtained. In the province of Saskatchewan school inspection is connected with the Department of Instruction and real preventive work is carried out. Ignorance is the chief factor in causing mortality and must be fought and it has been proved that through instruction given at the receptive school age great results can be obtained. Little Mothers' Leagues, girls' and boys' clubs aid also in this scheme. Mere theoretical instruction is insufficient and the Province of Saskatchewan insists upon the most perfect sanitary installations in the schools; washbasins with running water, drinking water with individual cups, well lighted, well ventilated classrooms, etc.

It is hoped shortly to put into force in Belgium an equally interesting and complete program. The old continent is rather behind the new in this respect, unfortunately, but has to struggle against tradition and a lack of money. Great credit is due to the doctors, philanthropists and statesmen who have endeavored and are daily endeavoring to fight these hampering traditions and to help to establish in Belgium a public health service which will be as well organized as any in the New Continent.

DOES IT PAY TO BE EDUCATED?

An Indianapolis Bank recently published statistics showing the value of an adequate school education. Of 5,000,000 children minus school training, only 31 attain distinction in the world, while with a college education, a child has one chance in 173 to attain distinction; with a High School education, one chance in 1,606; with elementary schooling, one chance in 40,841.

IN THE PHILIPPINES

By SENAYDA FORONDA, R. N.

*Provincial Red Cross Nurse
Laoag, P. I.*



At Sarrat, an active woman's club conducts baby contests. This picture shows a group of mothers with their prize babies.

THE Northern Luzon is a district of mountain people, 160 kilometers away from the capital, Laoag. The district was recently established as a township; and a new school-house was constructed, so that the children may have the privilege of learning how to read and write. At first it was found a little difficult to keep the children in school longer than three hours; a male teacher was assigned there to begin with, but now there are two teachers, a man and a woman.

Not very long ago a little company composed of the Division Superintendent and his wife, the academic supervisor and the industrial supervisor, and the Red Cross nurse—who hopes to bring the message of health to the Apayao people and to organize a Woman's Club—set out on the two days' journey to this isolated district. It was necessary to ride on horseback for fifty kilometers from the nearest town, and the road is narrow and

rather dangerous, for in some places there is a steep drop from the mountain track to the sea below. It was my first experience of horseback riding, and it was a little trying.

The first night we stayed at the government hotel, where strangers or government officials stop to rest. It is located on the sea-shore. The following morning I noticed a man passing by whose arm was slung in a handkerchief. I asked him to show me the hand, which he did; and quickly we performed an improvised operation, which relieved him greatly, although no further treatment could be given. Five people with children were treated that morning before we resumed our journey to "the rising of the sun," as I call the mountain district.

The district has a population of 500, and on this first visit we treated the sick children and babies and taught the people something about health. I plan to return again next month (November).



On the way to the mountain district

At Sarrat, Ilocos Norte, there is a most active Woman's Club. They have a free dispensary for the poor, and a baby contest is conducted twice a year. Through them, Red Cross supplies are distributed to poor sick

babies and mothers. The women are deeply interested in the welfare of women and children, especially in efforts for better health and the decrease of infant mortality.

THE FIGHT AGAINST TUBERCULOSIS

At the time of the organization of the Association of Tuberculosis Clinics (New York) in 1907 the death rate for tuberculosis in this city was 238 for each 100,000 people living here. In 1920, it was reduced by 47 per cent to 126. If this first death rate had been prevailing last year, we would have had to register, instead of the 7,134 deaths which occurred, 13,483 deaths. Improvements in conditions of living have been responsible for some of this gain, other public health institutions and agencies have added their efforts to render possible some of the progress now enjoyed, but let us put down, as briefly as statistics can present, an outline of the contribution of the clinics. During that period reports are available only since 1909, but they show that 251,729 new patients, tuberculous and non-tuberculous, were examined and treated by the clinics; the records likewise tell that, of these, 80,215 were children kept under observation and care by the clinics. To proper hospitals and sanatoria, 36,118 patients were directed. The total clinic attendance reveals 1,469,557 visits paid to the doctors, nurses and social workers, who greeted there the sick, the anxious, and the children who placed their faith in these institutions. Visiting nurses paid 961,064 calls to the homes of patients and to other social agencies to instruct, comfort and aid their charges.

Figures are inadequate even to suggest the services that have been rendered, but those just stated give us an idea of what has been attempted in this city to alleviate suffering among the victims of the White Plague and for the protection of the community.

(Annual Report, Association of Tuberculosis Clinics. New York.)

PART TIME INDUSTRIAL NURSING

AS CARRIED ON BY A VISITING NURSE ASSOCIATION

By NORA ROWELL, R. N.

*Assistant Director Springfield Visiting Nurse Association
Springfield, Mass.*

ALL endeavor is more or less experimental. Part time industrial nursing seems to be especially so on account of several human factors. It is with the hope that a few guide posts along the way of experimentation may be helpful to fellow wayfarers that the following is written.

The object of part time industrial nursing is to give to small factories, at a price that is not prohibitive, the same advantage of health supervision that the up-to-date big factory enjoys.

The Springfield Visiting Nurse Association takes for its slogan "Promote the health of Springfield." To live up to the slogan it saw as the avenues of approach to the people the usual bedside nursing to the sick poor, a child welfare program, pre-natal visiting and, all interwoven with the health program, this field of the small factory.

The general attitude of the big factory manager toward health welfare work is one of approval? Why? Because it has been tried out. The attitude of the small factory is negative. Why? Because it has not been tried out.

A sufficient number of men were found who were willing to try out the work by having one nurse go from factory to factory, giving an hour a day or an hour a week according to the demands of the factory, being sufficiently optimistic not to entertain that ghost of the fancy which debars so many employers from a similar plan, that the nurse will carry trade secrets from one factory to another. It was a success, in so much that the bigger factories put on full time nurses after a demonstration had been made, and the smaller ones continued the service on the hourly basis.

As the work of the Springfield Visiting Nurse Association is general-

ized, each nurse being responsible for a circumscribed area, the plan has been adopted of having the nurse in the district take the factories located in her own district. This has many advantages—to the factory, that the nurse knows the families and homes of many of the men, because most of them live in the same district; to the nurse, that she has a complete health program for her district. The frequent conferences of the part-time industrial nurses promote rivalry and exchange of ideas to their mutual helpfulness.

As the objects of the work the nurses themselves drew up the following outline:

1. Greater efficiency of working force.
2. Diminished loss of time and suffering from preventable diseases.
3. Increased contentment of workers.
4. Better spirit of co-operation on part of employees.

Also, along the line of technic, the following, which is posted, together with standing orders for self-examination, "Am I remembering all the detail of my work?"

FACTORY ROUTINE FOR HOURLY SERVICE

1. Report regularly to someone authorized for it, with special reference to absences for sickness of employe or of his family, and to learning to know new employes.
2. Nurse to meet new employes with view to explaining nursing service, to inspecting physical adaptability, and to getting social facts.
3. Inspection of plant with reference to ventilation, lighting, cleanliness, and general sanitation.
4. Records to be written before leaving plant, if possible.

A record card was formulated by the nurses as being workable and not too burdensome. Each employe has

a card started in the office, the social facts filled in by the nurse as she gets acquainted with the employe, and medical notes recorded on the back as the occasion arises. The records are confidential. A friendly feeling is encouraged between nurse and worker. It is a case for tact, and the practice of psychological principles, especially along the line of group work. The nurse recognizes her first responsibility to the employer and the paramount need of his interest. Next she recognizes the foremen or ladies as the visible leaders of the rooms. But often she recognizes invisible leadership and accomplishes her purpose. For instance, there may be a lack of respect for property evidenced by a disorderly toilet, which the factory has never been able to control by notices or prohibitions or fines. The nurse coming in from a different angle locates the leadership of the gang, encourages a spirit of pride and the problem is solved.

It is thought better policy to encourage the people to come to the nurse rather than for her to do much circulating in the factory, on account of possible feeling of the foremen that she is diverting attention from work. A regular inspection of the factory, however, leads to efficiency and provides enough circulation among the people to stimulate and maintain interest.

In conference also the nurses decided on an informal monthly report, one to go on file with the Association, and the duplicate to be mailed to the employer along with the monthly bill.

Many may ask, what can a nurse do going into a factory for only an hour a week, especially in the small factory, which probably does not boast of clinics or any amount of social equipment? The answer is a very human one. If the nurse is interested she at once finds problems. If one-third of our men who were examined for the draft were rejected, there is plenty of field for work among these same men here.

The reason that John Smith didn't have his teeth in condition was that

he didn't realize the importance of it. The reason that Tony Levene had a bad hernia was not that there were no resources in his community to care for him, the father of five children, but there was no one to attend to the arrangements. The reason that Mike Poloski was deaf was that he had only an ignorant midwife as medical adviser who told his mother that his discharging ear was natural, and he would outgrow it.

What can a nurse do in an hour a week in a factory employing fifty to one hundred? The following reports, just average ones, tell the story:

A. B. C. Co.,

Attention of Mr. ———

During March four calls were made at the factory.

Nursing care given to three cases for bruised fingers.

Advice given to several for colds and sore throats.

Instructed two about cleaning teeth.

Several posters put up in regard to expectorating on the floor. Improvement noted.

Signed.....

S. G. M. Co.,

Attention of Mr. ———

During the month of August four nursing calls were made.

Two dressings were done.

Three were advised to see their family physician, which they did.

One was advised to go to the tuberculosis dispensary for examination and a home visit was made to learn home conditions.

Toilets in good condition.

Signed.....

The M. Factory,

Attention of Mr. C. ———

Five calls were made at the factory.

Instruction along health lines was given 11 employes.

Mr. S. reported his child sick and a home visit was made.

A pre-natal visit was made at request of Mr. B. for his wife.

Arrangements were made for a girl to have her eyes examined for glasses.

On June 6th I met with the Safety Committee. The question of drinking fountains and cuspidors was discussed.

Signed.....

Is the work worth while? The answer is, that with the business depression of the present summer no nursing service has been discontinued while there were workmen, and each discontinuance that has been necessary was with the understanding that it will be resumed as business picks up.

DEVELOPMENT OF PUBLIC HEALTH NURSING IN WISCONSIN

By NELLY VAN KOOY

*Field Supervising Nurse, Bureau of Child Welfare and Public Health
Nursing, State Board of Health
Wisconsin*

Editor's Note—The following article shows not only the growth of public health nursing as regards the extension of service, but also the finer development of increased appreciation of the qualifications necessary for carrying on good public health nursing work. The formation of a State Advisory Committee and its composition seem also to us to be especially valuable features.

WISCONSIN is largely a rural state, two-thirds of the people living in small towns, villages and in the country. Because of this the Public Health Nurses' program is being developed to fill rural needs. The beginning of public health nursing dates back to 1907, when the first visiting nurse association was incorporated in Milwaukee. Medical inspection of school children was started in Milwaukee in 1908, one nurse being employed for that work. In 1910 the Wisconsin Anti-Tuberculosis Association employed the first demonstration visiting nurse, so called at that time, whose services were offered as a prize to the twelve cities having the largest per capita seal sale that year. As a result, about ten permanent nurses were employed following the demonstration. It is interesting to learn that a provision was made on the statute books as early as 1874, amended in 1899, 1907, 1913 and 1919, respectively, that "Money received from liquor license shall be kept separate from other moneys by the town, city and village treasurers, and be applied solely to defraying the expenses of supporting the poor, and if ordered by the city council, village board or town board for the prevention of disease and of the spread of disease and for public health administration in the city, town or village which granted the license so far as is necessary, for that purpose, providing that each city, town or village support its own poor." Just to what extent such money was used for public health administration is difficult to ascertain.

In 1912 thirty-five nurses were employed as visiting, general and tuberculosis nurses. Of these thirty-five nurses, fifteen were employed in the city of Milwaukee. In 1913 a bill was passed authorizing the board of supervisors of any county to employ a graduate trained nurse. This bill also outlined her duties. No provision was made as to the qualification of the nurse about to be employed. Through the initiative of the board of trustees of the Milwaukee County Tuberculosis Sanitorium county nursing was established in the form of an outpatient department in 1914. In that same year the Sheboygan County Anti-Tuberculosis Association employed a tuberculosis nurse for county work.

The Wisconsin Anti-Tuberculosis Association realized the need for trained workers and in 1916 established a course for Public Health Nurses. It has furnished in the past and is still furnishing a large number of rural trained public health workers for Wisconsin as well as elsewhere.

In 1917 Chippewa and Waupaca counties were the first to make an appropriation for county nurses and trained workers. In the same year a law was enacted which reads as follows:

(ENACTED IN 1917)

"The local board of health, health commissioner or health officer of any town, village or city may employ public health nurses within the limits of the appropriation made therefor by such town, village or city. The public health nurses shall work under the direction of the health officer, or health commissioner, and may be assigned to investigate infant mortality, the examination or visitation of children excluded from school, the investiga-

tion or visitation of cases of tuberculosis, the visitation of the sick, who may be unable otherwise to secure adequate care, the instruction of members of households where sickness exists, or to such other duties as may be appropriate in improving the public health.

Towns, villages and cities may through their proper officials employ public health nurses jointly. The salary and other expenses of such public health nurses shall be paid jointly by the towns, villages and cities so employing public health nurses in proportion to the population of each such town, village or city, as determined by the last federal census, or in such manner as may be agreed upon by the common councils, village boards and town boards adopting this plan."

Many boards employed nurses.

Then the war came and as a result of the draft findings, weighing and measuring campaigns, work of war councils, a still greater demand was created for public health nursing. In 1919 the following law was enacted:

"The board of supervisors of every county shall, within two years after July 1, 1919, employ upon the certification of the state board of health, as herein provided, one or more public health registered nurses, or public health instructors, whose duties shall be as follows: To act as health supervisor for all schools not already having school inspection either by a physician or school nurse; to assist the superintendent of the poor; to instruct tuberculosis patients and others in preventing the spread of tuberculosis; to assist in reporting existing cases of tuberculosis and other communicable diseases; to assist in investigating cases of delinquency, neglect and dependency of juveniles, including state aid to dependent children, in counties not employing a probation officer; to assist in investigating cases of non-school attendance in districts where a school attendance officer is not employed; to assist in investigating cases of infringement on child labor laws; to investigate cases of crippled children due to infantile paralysis or other causes; to act as health instructor throughout the county and to perform such other duties as may be assigned to her.

The qualifications of all candidates for the position of public health registered nurse or health instructor shall be determined by a committee of three examiners, one to be selected by the state board of health, one by the committee of examiners of registered nurses and one by the state superintendent of public instruction. All candidates recommended by the committee of examiners shall be certified by the state board of health to any county board upon request and every public health registered nurse or public health instructor employed by any county after July 1, 1921, shall be selected from the certified list furnished.

The work of the public health registered nurse or health instructor shall be directed by

a committee composed of the chairman of the county board, the county superintendent of schools, a woman appointed by the county board, the judge of the juvenile court and the deputy state health officer for that county to be known as the county health committee.

Such public health registered nurse or health instructor shall at the end of each month make a written report to the county health committee which shall file the same with the county clerk and send a duplicate copy of such report to the state board of health, which report shall show briefly the work done during the month and such other information as the county health committee or the state board of health may from time to time require. The state board of health shall examine all reports filed by the county health registered nurses or county health instructors and make such recommendations to them as will aid in the proper administration of their work.

The state board of health shall prescribe model forms for instruction, test cards, blanks record books and other useful blanks or appliances for carrying out the purposes of this act and shall notify the county clerks of each county where all of the aforesaid blanks and supplies can be purchased at the expense of the county."

During September, 1919, the Bureau of Child Welfare and Public Health Nursing was created under the State Board of Health, with Mrs. Mary P. Morgan, R. N., as director. A small sum was appropriated from the general state board of health fund for this work.

In October, 1919, a State Advisory Committee was formed composed of one member from each of the following organizations:

- Department of Public Instruction
- Industrial Commission
- State Board of Control
- University School of Medicine
- University Extension
- Agriculture Extension
- United States Public Health Service
- State Medical Association
- State Graduate Nurses' Association
- Federation of Women's Clubs
- Wisconsin Anti-Tuberculosis Association
- Central Division, American Red Cross
- National Organization for Public Health Nursing

- State Conference of Social Work

A meeting of this committee can be called upon the request of any member.

In March, 1920, Miss Nelly Van Kooy, R. N., was added to the staff as field advisory nurse.

In spite of the small appropriation this Bureau held as its aims:

1. To standardize the work of the county nurses.
 - (a) Prescribe various report blanks and cards.
 - (b) Prepare general outline of work.
 - (c) Receive and examine monthly reports from nurses.
 - (d) Advise county nurses.
2. To establish a traveling library for nurses.
3. Stimulate more nurses to take up public health work.
4. To improve standards of public health nursing education.
 - (a) Urge all training schools for nurses to include public health work in their courses.
 - (b) Encourage qualified young women to enter training schools giving such courses.
5. To establish a complete nursing service with a state director and district supervising nurses.

Out of the seventy-one counties, forty-one are at present employing trained Public Health Nurses, while in addition there are about two hundred and sixty-five nurses doing public health work.

The qualifications as prepared by the state committee of examiners are as follows:

For county nurses.

1. Must be R. N. with three or four months special training at recognized training school for public health nursing, or
2. R. N. with at least one year of successful practical experience in public health work, or
3. R.N. graduate of school giving adequate public health nursing.
4. All R. N.'s who have had some special instruction or who have done some successful public health work, not qualifying under any of the three classes above mentioned, will be considered individually by the committee in determining whether they are eligible to take the examination.

The committee has decided that in addition to the experience paper, a personal interview and a written examination will be held. 75 per cent is the passing mark.

Experience paper, 50 per cent.

Oral examination, 25 per cent.

Written examination, 25 per cent.

There was some danger that the mandatory feature of the nurse law might be repealed during the present session of the legislature, a bill having been introduced making it optional rather than mandatory. However, the bill was defeated by an over-

whelming majority. Another bill was introduced and passed at the present session of the legislature, which places all public health nurses and health instructors outside the city of Milwaukee, under the supervision of the Bureau of Child Welfare and Public Health Nursing. This does not apply to staff nurses working under the direction of a resident certified Public Health Nurse. Already sixty-five nurses have availed themselves of the opportunity of taking the examination as provided for.

It is gratifying to state that the sums of \$31,100 and \$21,100 have been set aside for this Bureau by the legislature for the two years beginning July 1, 1921.

A few long hoped for projects will be carried out. The plan is to enlarge the present staff by adding a pediatricist, who shall devote his or her full time to consultation service, principally in rural districts. In order to make this feasible, plans are under way for a child welfare truck. Clinics and conferences are to be held. The pediatricist will also prepare necessary bulletins on child care, feeding, etc. Two additional field nurses, making a total of three advisory nurses, and the necessary office assistants will be added.

From necessity the work of the Bureau has been confined largely to public health nursing development, but child welfare work has received careful attention and much has been accomplished if only on a small scale. For instance, the following health measures are being promoted.

Securing 100 per cent Birth Registration.

Encouraging breast feeding of babies.

Mothers and young girls enrolling in study groups, so that all women may be informed on the care of infants.

To establish nutrition classes for children 10 per cent under weight.

To assist in establishing child health centers in all communities and urge the placing of scales in all rural schools with proper charts for keeping of records.

A course on infant care has been arranged by the director and is being taught in all of the vocational schools and many of the public schools.

A MONOLOGUE

By MARTHA S. FULTON

Scene:—Interior of nice, comfortable home. Everything convenient

"Good morning, Nurse! Here, George, take those potatoes to the back door. The *back* door! *Don't* bring potatoes in the *front* of the house. No, I don't want any apples or oranges today.

Nurse, I'm *so* glad you've come! Take off your things. Don't leave your rubbers outside. They'll freeze your feet when you put them on. Oh, no, they can't hurt the rug. My! Those peddlers drive me mad. Sister is sick, not I. *I* never get sick. Come on back and have a chat before you do anything. Sister is awfully queer, thinks the room is too cold for a bath, but—well, *you* can talk to her.

Sister, this is the nurse. Oh, yes, you *do* want a bath! You haven't had one for two weeks. I know you don't do anything to get dirty, but I always say that a bath once a week doesn't hurt anybody. The room isn't too cold, is it, Nurse? Now tell me just what you need, Nurse, and I'll get everything ready. Will you use the bathroom or the kitchen? There's hot and cold water in both places, or maybe you'd rather have a wash-dish instead of going back and forth. (Quite an idea!)

Nurse, *do* try to persuade sister to sleep between sheets instead of blankets. We don't wash the blankets in the winter and they get stale.

Here are three nice, large blankets for her bath, two face towels and two bath towels, and I'll bring you a sponge. Oh, you prefer a wash-cloth! *Two* wash-cloths! Why so many? Well, we have plenty of them. Those blankets are a little soiled but they are not dirty, just been on the boys' bed all winter. A clean nightdress! Why, I hadn't thought of that. We did not get her other one washed last week, but if you think she had better change I can get you a pair of John's pajamas. You'll find the comb in the

bath-room, the children have been using it. A tooth-brush! Oh, Nurse, she can't brush her teeth. She is having them extracted and the few that are left are too sore to clean. They'll soon be out, so I thought we'd as well let them go.

Just take the things off that little table and put your basin on it. That malted milk was put there early this morning and she hasn't touched it yet. Seems to have no appetite. Just put it aside, maybe she'll take it before night. That is some cocoa I spilled on the table cover last night, nothing dirty.

Oh, no! *We* aren't *Americans!* *We're Scotch!* *Highland* Scotch. I always make it a point to ask people what *part* of Scotland they come from. No, we weren't *born* in Scotland, *unfortunately* did not have that honor, but our grandparents came from there. Now I won't open that door another time. I do *so* much for poor, dear sister, it's hard to have someone else do for her, and I just can't seem to stay out of the room. If you need anything, call *me*.

(*Later.*)

All through, Nurse! Why, sister, how nice you look! And the nurse has cleaned your teeth with a piece of gauze! And you have your *window* open! Aren't you cold? Why, you wouldn't let me even put a crack in it. You aren't leaving off your heavy underwear, are you? And your *stockings* too! Well it beats me, Nurse, how you ever got around her. I've tried to get the snarls out of that hair ever since she came and she would scarcely let me touch it. I see you have it in two braids instead of one.

Are you *going*, Nurse? What a wonderful profession you have! I always wanted to be a nurse, always felt that I was cut out for one, but I'm just too tender hearted."

THE TRUDEAU WORKSHOP

By CELESTE LUCAS

*Director of Workshop
Saranac, N. Y.*

TRUDEAU Sanatorium and the village of Saranac Lake grew up around one man, for it was literally true of Dr. Trudeau that the world wore a path to his door in the wilderness. A sufferer from tuberculosis, he had gone to the Adirondacks for his health and was followed by others having the same disease. As he and many of his patients improved by leading a wholesome outdoor life in the mountains, Dr. Trudeau dreamed of and planned for a Sanatorium where tubercular patients of small means could come for rest and life in the open air. Out of this dream and this planning grew the present Sanatorium, a semi-charitable institution which takes care of about one hundred and twenty patients living in twenty cottages. Trudeau is a beautiful spot where much has been done for the comfort and happiness of the patients. The Workshop contributes in no small degree to the contentment and well-being of this community.

Occupational therapy at Trudeau dates back to 1904, when Herbert Scholfield began teaching bookbinding, lettering and illuminating and photography, in the little old shop on the hill. Dr. Lawrason Brown, who was the physician in charge at Trudeau at the time, realized how irksome to the patients grew those long hours of resting, resting, resting. He felt the need of occupation, of diversion for these invalids, and he asked Mr. Scholfield, himself a sick man, to organize classes in bird study and in botany. When these classes had been conducted for a short time Mr. Scholfield, who was a fine craftsman, decided that instruction in some of the crafts would perhaps best meet the want. Dr. Brown favored the plan and has been the friend and supporter of the work throughout the years.

Work in the shop has always been optional on the patient's part, for

while the doctor prescribes exercise, there is the choice between walking and working in the shop. There is, of course, no charge for instruction but each worker pays for his own material and owns his own work. We have never tried to market our products.

The shop supplies a dark room for those working at photography, a sewing machine which the women use a good bit, an electric iron much in demand by both men and women, and a typewriter which sees service. There is also a carpenter's bench and tools, so a little wood work is done.

At present instruction is given in jewelry, metal work, picture framing and basketry. Picture framing has been popular since the first, for, with little exertion and small cost, one gets quick, satisfying results. It often happens in the case of a woman that a saw is being used for the first time. This gives a spice of adventure to the job. The element of novelty is stimulating and beneficial in all work and any craft which, without physical injury, absorbs the attention and carries the patient out of himself is of therapeutic value. When artistic merit and usefulness are added, the value is increased. For all these reasons we find jewelry and metal work satisfactory. It is a new department which has become quite popular. The semi-precious stones are inexpensive and the amount of silver or gold that goes into the making of a ring or pin costs very little. Some delightful copper bowls, book-ends and boxes have been made at small cost. For the past six or eight years basketry has been the most popular craft taught in the shop. The character of this work is distinctly good and its therapeutic value is unquestioned.

In the seventeen years of the shop's existence we have tried a number of occupations: leather work, bookbinding, lettering and illuminating, and

pottery. These have all been given up for different reasons but we have in our exhibition room some very creditable work to show for past efforts—some good, honest bookbinding, some illuminating and lettering of strength and beauty, and some interesting and beautiful bits of pottery.

The present building was given by a friend interested in Mr. Scholfield's work. It is a beautiful, well-equipped shop, a memorial to Herbert Scholfield, who originated the work and directed it until his death in January, 1921. In spite of his frail body he led a busy, unselfish life, devoted to the good of others. His gallant spirit was an inspiration to hundreds who worked in the shop.

Any account of Occupational Therapy at Trudeau would be incomplete without some mention of what is being done in the village of Saranac Lake, for this is the direct outgrowth of Mr. Scholfield's work in the Sanatorium, and his advice and encouragement did much towards its development. The

Society for the Control of Tuberculosis in Saranac Lake has on its force an instructor who gives all of her time to teaching basketry, which has proved to be a most satisfactory craft to this visiting teacher, since it requires few tools, causes practically no litter and offers great variety to the worker. The instructor has a small workshop where lessons are given two afternoons in the week, but the rest of her time she spends in going from house to house where her pupils busy themselves with making trays, baskets and lamps. Many of these patients have been for months or years on the cure. It is impossible to estimate the value to them of this interest, this opportunity to create something. It connects them with the working world, is a bond with healthy normal life, awakening hopes of renewed activity and usefulness. The tonic effect of all this is very great and may open a way of escape from invalidism into health.

CAMPAIGN FOR BETTER TEETH

IT IS possible for a community to get almost as excited about the campaign for better teeth as a campaign for the election of alderman. But,—it takes more work. At least the school nurse of Sullivan, Illinois, and the mothers, teachers, and dentists think so.

When Miss Grace Shuff, school nurse for Sullivan, took inventory of her school children's teeth a few months ago, she found that about ninety per cent of them needed dental care. To make the matter worse, a very small number had any intention of going to the dentist. Something had to be done.

So Miss Shuff went to the Mothers-Teachers Association with her problem, and to the local dentist and together they planned that a month should be designated as "Good Teeth Month," at which time the whole town should be made to think about teeth, if possible. Lectures on teeth were arranged; articles on teeth were placed in the papers; contests were arranged for schools for the making of posters about teeth; mother's clubs, women's clubs and business men's clubs had programs on teeth. The Parent-Teachers Association offered \$15.00 prizes for the best posters made in school and the local dentists offered to examine children's teeth free of charge.

With all these activities, so much interest and excitement over the tooth was aroused that a month was too short a period in which to allay it. The corrective work had to go on for another month as fast as possible and the nurse is still busy doing some of the follow-up work. A small fund was raised for use in a few cases where children could not afford to have dental work done.

Now, five months after that campaign, the nurse has again examined her school children and has found that forty-four per cent of them need dental care. In short, the campaign reduced the teeth defects almost fifty per cent.

A PEEP AT A SCHOOL NURSE

A SCHOOL NURSE OF BALTIMORE HEALTH DEPARTMENT
WRITES TO HER COUSIN IN PHILADELPHIA

By NETTIE ANDERSON

Monday.

Dear Etna:—

I had such a nice letter from Mina today inviting me to spend the Xmas holidays with her. She said she knew the schools would be closed and I would be off duty, which just goes to show how little people know about a school nurse's life. She is everything, from family arbitrator to Court of Appeals and everything pertaining to social service in between, with the health of the community as her ultimate goal. She travels every avenue and alley that might further her efforts in this humane service. I hear you say, "Well, verify this by telling me something!"

You have heard me speak so often of my friend Mrs. Uwell. Tuesday evening she gave me a suit of clothes, good but outgrown. "Say, Miss Nurse here is a suit for one of your children." I know a dozen mothers who would be glad to have that suit, but I whipped my list to two, one a little boy, one of four orphans whose aunt had taken them to raise (I mean the four of them); her husband, a carpenter, an unusually good man is supporting them with two children of his own and I had visited the family in a professional capacity and found everything so neat and clean and the aunt so kind and motherly. I know she should receive every encouragement and felt that little William should get the suit.

But then, I thought of the other family of school children,—six children in this family, a very careless, thoughtless father and mother, a very dirty little home and absolutely not a decent stitch of clothes. While this family were not as worthy as the other the dear children were not to blame and they needed some encouragement to do better; so little John in this family got the suit with a supplement in the way of a talk

about how nice he would look with his face and hands clean and his hair combed and the fresh suit on. Well, my dear, I visited the school he attends today and he was a changed boy, clean and neat with his nice suit on and so glad I had given it to him. And William, too, got a dear little jacket another friend gave me. Now this is a little illustration of social work. Through the children we are often able to help adjust difficulties of various kinds and you would be surprised how, after some experience, we become regular ambassadors.

Wednesday

I am going to finish your letter today, and think I will tell you of my day's work. After a hasty breakfast (necessarily hasty for you know my propensity for just another nap when I ought to get up!) at 8:30 I was at the Health Department and at 9:30 I had finished my clerical work and received my instructions. Today I visited No. 54, my largest school, reported to the Principal and found five notices of sick absentees and two cards with requests to examine two children; one with a sore eye and one with sores on his arm and neck. I saw these children, and then gave reports to the teachers who had given me names of sick absentees on my previous visit. I gave a ten minutes talk to the children in the first grades on the care of their teeth and the use of the tooth brush. This work consumed about 1¼ hours. Next I went to the extreme end of my district, took the history and placarded two homes where there were cases of chickenpox; then walked five blocks south and visited another home where there was a case of whooping cough reported. I instructed in this home and placarded the house, and the dear little patient was so pleased with the yellow

ribbon with "whooping cough" in huge black letters on it! His mother was amused too, and I was glad to see her face brighten for it was a very serious thing with her to have her little one go off in severe paroxysms of coughing. (The doctors in Baltimore are using the Pertussis Vaccine a great deal and mothers are profuse in their praise of it). Next a walk three blocks west to release (take the placard from the door) a family that had had chickenpox.

It was then lunch time and I went to the Family Welfare Office in my district, to eat my lunch and confer with the district secretary about two poor children who had to stay home from school on account of "no shoes." They promised to investigate and procure shoes if possible. In the afternoon I visited five children, the sick absentees. One had a sore throat, and I advised calling in the family physician. Another child had been bilious for several days, and here I advised about diet and bowel regulations. Still another, had got in the way of a stone thrown by a playmate and had a small laceration over his eye; I cleansed this and applied a weak alcohol dressing. The fourth child had a rash which I suspect is chickenpox. As they have no doctor, a health officer will go there and see

this child for me. The last child I visited seemed to be all right, but his mother said he had a cold. A little friendly advice seemed in order here and I said the attendance officer would certainly be around in a day or two unless the boy got back to school by the time my report was in. As it was then 4:15 it was time to go home and make out my reports for the day.

Tomorrow is my day for taking children to the Eye and Ear Dispensary where I make arrangements with the Chief for a bed for about two of my children each week. They have their tonsils and adenoids removed and remain in the hospital twenty-four hours after.

It is a wonderful work this public health nursing and there is no limit to its scope. We have an unusually well organized Health Department, with a wonderful man at the helm. And we are happy in our work, which is sometimes trying but always a source of gratification. We are doing our bit for the present and future generations.

Yours as ever,
PUD.

P. S.—Perhaps I will write you next of our T. B. nurses if you are interested.



The district nurse takes a "snap-shot" of some of her Chinese friends. The little fellow in the center thinks the Occident is very strange and isn't quite sure if he likes it! But the faces of his three companions show that they have no doubts on the matter.

ACTIVITIES of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

MEMBERS will be interested to know that the official pin of the N. O. P. H. N. is growing in favor. Two hundred and sixty-seven have been sold during the past year. Massachusetts, New York, Connecticut and Illinois are the states in which, according to our records, most of the wearers of the pin may be observed. We are now sending with each pin a reprint of Mrs. Lowman's "History of the Seal as Our National Emblem," with a print of this very lovely design.

The increasing number of requests for information and pamphlets describing the work of the Organization which come from the Departments of Sociology of Universities, indicates a growing interest in health projects and of the part nurses are playing in health programs. These requests come mostly from middle western universities, but from as far east as Robert College, Constantinople.

In studying the effect of food, climate and housing upon the individual and upon his social environment, the sociologist has, until recently, failed to seriously concern himself with the fact that individual health is often the determining factor in man's relation to society.

It is not only encouraging to know that university students are being shown that public health has a direct relation to the social group, but that the social environment is often a controlling factor in public health.

This introduction to the field of public health will inevitably lead

more college women to see the large possibilities in nursing both in the way of service and interest in scientific and sociological study.

This vital interest in health among college students is also manifest in the fraternity and sorority groups. Among these groups, there is a definite plan and concerted action in health education.

The American Society for the Control of Cancer has joined the six other members of the National Health Council, with offices in the Penn Terminal Building.

Miss Annie M. Brainard, representing the Publications Committee, met with the Executive Committee at their meeting in November in the New York Offices.

In the November number of *The Public Health Nurse* the Nominating Committee of the N. O. P. H. N. issued an appeal to members for assistance in choosing candidates for the offices to be filled at the Seattle meeting, asking that communications be sent in before December 1st.

Many replies have been received but the Committee urge those who have not responded to do so. If suggestions are sent in *at once* they will be received in time to be of service to the Committee. They should be sent to the chairman, Abbie Roberts, address The Rochester General Hospital, Rochester, N. Y.

LIBRARY DEPARTMENT—BOOK NOTES

Edited by A. M. CARR

FOOD FACTS FOR THE HOME-MAKER

Lucile Stimson Harvey
Houghton Mifflin, \$2.50

THIS book has many attractive features. Considerable material in harmony with the modern viewpoint concerning values of foods as developed by recent research has been presented in a readable form. In the arrangement of material, the presentation of milk, before taking up the subject of meat, is to be especially commended. The recipes included at the end of each chapter add greatly to the value of the book. Many of these recipes are wisely selected with a view to suggesting ways of incorporating in the diet valuable foods which are not so universally liked as they should be. Examples of these are the cottage cheese recipes, baked puddings and cream soups with a milk foundation, and spinach omelet (souffle). Although due emphasis is given, in the discussion of menu making, to the importance of the use of vegetables, not sufficient help is given to the housewife in the suggested list of menus as to how to make a larger use of them. In carrying out the first suggested menu, for instance, the amount of vegetable included by the average family for seasoning the rice dish would probably be very small, the fruit for dessert would probably be a preserved variety, and the meal would remain essentially a refined cereal diet which research in nutrition has shown to be so inadequate for promoting optimum health. In the illustrative meal given for a child of twelve months, no use is made of the juice from cooked vegetable soup, considered by modern pediatricians to be so important a part of an infant's diet. Orange juice is suggested only as an alternate with prune pulp, and if the latter were chosen, as it often would be on account of expense, the diet would contain no adequate anti-

scorbutic. In giving estimates of the portions of foods which contain the total calcium requirement for one day, no mention is made of the fact that the amount of calcium in milk is extremely variable, depending on the treatment which the milk may have received, notably the length of time that it has been subjected to heat.

Although the average housewife may not be so interested in the theoretical phase of the book as would a student of nutrition it is much to be regretted that the information which is presented in this book contains so many inaccuracies and mis-statements. One is told about the "woody coat" of starch granules; that starch paste changes to dextrin and maltose if "heated further."

A useful bibliography is appended and various illustrations and charts add to the attractiveness of the book.

—*Helen Parsons,*
(*University of Wisconsin*)

LABORATORY HANDBOOK FOR DIETETICS

Mary Swartz Rose
Macmillan, \$2.10

Since its first publication this book has been the standard of its kind. The revised edition makes available valuable additional material, such as the recently revised tables of standards for height and weight of children, the distribution of vitamins in foods, and abbreviated dietary calculation for large quantities of food. It is to be regretted that the organization of the material in the book did not permit tables XV, XXIII, XXIV, and XXV, to be combined into one table, and so save many wasted minutes of search for the precise data desired.

The data in the book is based entirely on weights of food materials—no estimates of measures corresponding to weights are included. The point is undoubtedly well taken by the author that "Such data must always

be used with caution for there is a great diversity in the capacity of measuring vessels unless officially standardized, and much more in foods of different qualities, localities, and seasons." Certainly no student of nutrition or research worker would make use of such estimates when weights of materials were available. However, the usefulness of the book would have been extended to a larger number of people if some estimates of measures had been included. Accuracy of estimated values of recipes might be safe-guarded by including weights as well as measures of ingredients used, and number of serving portions.

No other book available supplies the exact place of this handbook, however, and it forms a part of the necessary equipment of any student or worker in nutrition.

—Helen Parsons,
(University of Wisconsin)

SOLUTIONS—IN TEN LESSONS

Elsie M. Smith, R. N.
C. V. Mosby, St. Louis, \$1.00

This is the second edition of this convenient little manual for use in training schools for nurses.

PUBLIC HEALTH SURVEYS—WHAT THEY ARE—HOW TO MAKE THEM—HOW TO USE THEM.

By Murray P. Horwood, M. S., Ph. D.
John Wiley & Son, New York

From the various attempts at public health surveying which have been made during the past ten years, there has arisen a technique which Dr. Horwood has admirably crystallized in this volume.

He has, as he confesses in the Preface, given much attention to detailed suggestions and instruction, which makes his book a valuable hand-book for the person who is working in public health, as well as the actual health surveyor. The average health worker knows little in regard to allied health problems in his own city. This little book gives him accurate and easily digested information on all phases of a city's health.

The enumeration of some chapter headings will show the scope of his

book: Winter Supplies; Drainage, Sewerage and Sewage Disposal; Milk Supply; Housing; School Sanitation; Inspection of Hospitals; Anti-Tuberculosis Activities; Analysis of City Budget, and many others.

The profuse illustrations, although all taken from Oklahoma surveys, add much to the reader's understanding; the language is clear and simple; the suggested inquiries are exhaustive; the appended bibliography is excellent.

Let not the health worker be too much awed by the standards which Dr. Horwood sets for the surveyor nor by the exhaustiveness of the kind of health survey which the book advocates. He has set the ideal. It is quite possible to conduct a satisfactory survey embracing only certain features described in the book, and perhaps it may prove its greatest value as a guide in limited studies of specific phases of health work.

Jessamine S. Whitney.

EDUCATION IN TUBERCULOSIS FOR STUDENT NURSES

by Louise M. Powell, R. N., has recently been reprinted by The National League of Nursing Education, 370 Seventh Avenue, New York. This article, which appeared in the *American Journal of Nursing*, includes *Minimum Standards* for this instruction as recommended by the League.

TEACHING HEALTH IN THE PUBLIC SCHOOLS

is a comprehensive pamphlet prepared by the North Carolina State Board of Health for use in State Teachers' Institutes. Nurses who are interested in this well-arranged booklet can address requests for it to Raleigh.

HEALTH PLAYS FOR SCHOOL CHILDREN

has been reprinted, in an exceedingly attractive cover, by the Child Health Organization, and can be purchased from their New York office, 370 Seventh Avenue, by sending fifteen cents in stamps.

THE NUTRITION CLASS

by Charles H. Smith, M. D., is another of the "C. H. O.'s" reprints, with an equally—if not more so—

charming cover and illustrations. Additions and some changes have been made in this. Price, also fifteen cents.

THE LITTLE BLUE BOOK SERIES

Destined to penetrate into every ramification of Canadian home life with their timely advice and suggestion—have been recently issued by the Division of Child Welfare of the Canadian Department of Health. *How to Make Outpost Houses in Canada*, with its information that the Royal Canadian Mounted Police have a hangar at Winnipeg and can supply aeroplane service if necessary to help in the Outpost Home, gives us a dramatic sense of the far-flung Dominion. *How to Manage Housework*, *Household Cost Accounting* are some, and in addition to *How to Take Care of the Baby*, mother receives special attention in *How to Take Care of Mother*. A most worthy achievement, these little Blue Books, from the hand of Dr. Helen McMurchy.

MOTHER AND CHILD

for December has, besides its usual admirable collection of articles interesting to nurses, a paper by Homer Folks on *Administrative Problems of Lay Directors of Volunteer Organizations*. In the November issue announcement was made that the Upjohn Health Posters are ready for "circulation" — for terms apply to the American Child Hygiene Association, Baltimore, Md. While the appeal of these posters is largely to mothers, everyone will love the children and babies shown drinking *Plenty of Water*, eating *Bowls of Porridge* or marching—

Chin in—Chest up—Waist in—
Weight on the balls of the feet!

THE AMERICAN CHILD

for November, published by the National Child Labor Committee, New York, has an interesting to rural nurses "Statistical Article" by Mabel Carney on *The Status of Rural Education in the United States*. The statistics given on Population, and Expenditure for Rural Education, are printed as

1912 figures but Miss Carney writes us that the latest expenditure statistics are for 1918. 1912 was unfortunately a misprint. The remedy for the remarkable inequalities shown by the figures and statements is to be hoped for, Miss Carney says, "chiefly through State and Federal aid as provided in the Sheppard-Sterling bill now before Congress."

Recent Publications of The Metropolitan Life Insurance Company, New York City:—

CARE OF THE TEETH

by Thaddeus P. Hyatt, D. D. S., is a very practical and well illustrated pamphlet, with a pleasing exterior and conveniently arranged so that it can be hung up for constant reference.

HOW TO TAKE OUT YOUR FIRST PAPERS

"an easy book in plain English for the coming citizen," is a contribution (no other word exactly describes it) of very great importance and value. Industrial nurses will eagerly welcome the intelligence of its make-up and appeal as well as its clarity. It will appear in English, Italian, Polish and Yiddish. A second booklet,

HOW TO TAKE OUT YOUR SECOND PAPERS

will follow.

A PUBLIC INSTITUTION

visualizes the activities of the Company, not only from the insurance point of view but also its remarkable welfare service.

The *Annual Report* of the American National Red Cross has just been published, with its splendid record of far-reaching activities here and abroad. Dr. Farrand, reporting as Chairman of the Central Committee, says:

"The Nursing Service, basis and backbone of the Red Cross endeavor, with a tradition, morale and organization comparable to the Army and Navy which it serves, continues to enroll nurses for the Army and Navy and the United States Public Health Service, as well as for the various Red Cross services, conducts intelligent propaganda to induce young

women to adopt the nursing profession, cooperates with training institutions to increase the personnel and continually improve the quality of the profession, and exerts its influence in foreign lands, especially in Central and Eastern Europe, to raise the standard of professional nursing abroad."

From Miss Dock's penetrating and succinct account of *The History of Public Health Nursing* published in

A HALF CENTURY OF PUBLIC HEALTH

the Jubilee Historical Volume of the American Public Health Association, we quote the opening and closing paragraphs:

"Public health nursing, as it is today, in its still incomplete phase of development, has expanded slowly and naturally from that neighborly office of visiting and attending the sick which has been an age-old custom. Springing from spontaneous goodwill and the gentler emotions, visiting nursing has always been impressed to some extent by the stamp of the special ideals or altruism peculiar to its age, and has also measurably strengthened and disseminated those ideals. When religion held a predominant place in thought, visiting nurse orders or sisterhoods saw, beyond the patient's suffering, a soul to be saved. When humanistic or rationalistic views were entertained, nursing orders became animated by a more freely ranging thought.

"As modern science has transformed the medical art, visiting nurses have become infused with a hopeful zeal for a corresponding mechanism of living, such as may set free the high spiritual forces. There has been throughout the ages a certain unconscious democracy of outlook and purpose among those men and women who were the pioneers of public health nursing. It shows clearly in St. Francis of Assisi; in that revered man, the founder of the Sisters of Charity, Vincent de Paul; and it is unmistakable in the leaders as well as in the rank and file of visiting nurses today." * * * * *

"The art of co-operation has become the keystone of good public health nursing work. Alone, the nurse is powerless to change conditions for her patients. To attain her best usefulness she must know every source to tap for help in meeting the conditions caused by the complexity of modern life. Yet this side of co-operation has perhaps been dwelt upon to excess. What, on the other hand, is the well-trained public health nurse to do, when in a flourishing town of, let us say, 12,000 to 20,000 inhabitants, she finds a local health board so negligent and casual as to be practically non-existent; no truant officers; no active groups of civic-minded men and women; no segregation of the feeble-minded; no hospital provision for the isolation of contagious cases; no civic interest in housing problems; not even a charity organization society?"

It is interesting to recall that as far back as February, 1909, Miss Dock contributed to the *American Journal of Nursing* a short article on "The Changing Outlook of Nursing," which we think presented for the first time boldly, as has always been Miss Dock's wont, the possibilities of what was then vaguely recognized as "preventive work." The paper was written after a conversation with a nurse who found a gloomy outlook for private duty nurses in the fact that the progress of public hygiene and rural sanitation was lessening the demand for their services. We quote Miss Dock's prediction. Comment is unnecessary.

"The new ideas of social betterment irresistibly demand a type of woman by nature fine, and by training and education highly finished, to carry on the many new lines of work which no one else can do as well as the nurse. * * * * * I predict that in ten years more the work of the tuberculosis propaganda for nurses, openings in public school work, hospital social service work, district nursing positions, positions as nurse in large industrial establishments, pure milk stations, preventive work among mothers of the uneducated classes and their children, tenement house inspection, school house inspection, and various branches of work under boards of health, will more than counterbalance the past predominance of private duty."

THE PUBLIC HEALTH NURSES BULLETIN

New York State Department of Health for December, publishes an abstract of Miss Crandall's address on *The Relationship of Nurses Employed by Private Agencies to Local Health Officials*. There is much in this all nurses should really know.

We very much like Miss Anna M. Drake's Christmas suggestions on *Books on Health for Children* which she sent out in mimeographed form to Iowa health workers.

The Bulletin of the National Tuberculosis Association for January is a special Industrial Number of much interest to nurses.

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH G. FOX

THE DELANO RED CROSS NURSE

ONE of the projects nearest the heart of Miss Delano was the extension of nursing to those living in isolated rural districts where no such opportunity had ever been afforded and where the need for health education was great.

Her interest in this cause and belief in its accomplishment never flagged and in her will she left a substantial fund in memory of her father and mother to be used for the maintenance of public health nursing services in needy localities that would otherwise be without the ministrations of a community nurse. This fund was to be supplemented by the proceeds from the sale of the well-known text book on Home Hygiene and Care of the Sick which has been such a potent factor in teaching thousands of people the rules of healthful living and the methods of caring for simple forms of illness in the home.

The Red Cross is now planning to use this fund in accordance with Miss Delano's wishes. Although within the last two years county or community public health nursing has been developed pretty generally throughout our country, there remain some localities where there are no means of supporting a nursing service, nor are there likely to be for some time to come, either through Red Cross Chapters, public or private funds.

In our Southern mountains are settlements so poor that local resources can not provide even schooling for the children, and where primitive customs and ways of living make nursing care and health education a crying need. There are great stretches of country in the western states where neither hospital, medical nor nursing care are to be had. Parts of Alaska are in this respect an unbroken field. On many of the islands

near our coasts are people of our own American stock entirely cut off, save for a few summer months, from any sort of care during illness except that to be gotten from a member of their family or from a kindly but unskilled neighbor.

There are in the Southern lowlands among our colored population and poor whites communities where sickness is accepted as inevitable and where the people do not realize their own needs:—where, as a consequence, malaria, hook-worm and pellagra have full sway.

It will be into some such places as these that the Delano Red Cross nurses will go. It will be a work of consecration, patience and devotion, and one that will bring with it the highest measure of compensation to the unselfish worker.

These services will not be temporary demonstrations, but it is intended that they shall be maintained for a missionary period of several years until the people shall be able to secure local funds to continue the service. No service will be undertaken for less than a period of from three to five years.

The conditions which will determine the choice of locality are here given in full:

(A) It should be ascertained that no funds for the salary of the nurse are available from federal, state or county sources, or from agencies or individuals in the locality.

(B) The lack of local funds should not be due to transitory conditions such as crop failures, drought, disasters, and so forth.

(C) The locality should represent an established settlement and not a temporary one such as might be found in lumber camps and mining towns.

(D) It should be possible to make satisfactory living arrangements for the nurse.

(E) It should be possible to get about the locality by one means of transportation or another.

(F) It might be well if there were other organized work within reasonable travelling distance, as a settlement, church school, or other similar undertaking. This would mean

that some ground work had already been done, making it unnecessary for the nurse to reduce her work to the most elementary terms. It would also provide some means of co-operation, companionship and care if sick. The Nursing Service should not be in any way attached to the settlement or school, however.

The nurses as well as the localities will be chosen with the greatest care and the nurses will be known as the Delano Red Cross Nurses. It will be as great an honor as the Red Cross can confer to be selected for this service.

The nurse should be prepared to serve not less than three years, though she might be released at an earlier date should it become necessary. In the slow but sure building up of a pioneer rural nursing service, the personality of the nurse is an important factor, and the success of the undertaking would be considerably diminished if not entirely lost, if the personnel were subject to frequent change. A certain amount of self sacrifice will be involved in this work and the highest qualities will be demanded of the nurses. To compensate for the subjection of their personal pleasures, and because women of unusual attainments, ability and personality will be required, the salary will be correspondingly liberal.

While in selecting the nurses for this service the personal equation will be a determining factor, certain definite requirements are essential:

(A) The nurse should have good health at present and no unfavorable history.

(B) Her family should not be dependent upon her in any way, in order to avoid the possibility of her being called home in the middle of her term of service.

(C) In addition to having had good education and training she should be a member of the Red Cross Nursing Service. It would be well if she had had some teaching experience.

(D) She should have had public health nursing experience of not less than two years. Some of it should have been independent work and some of it outside of the city.

(E) Preference should be given to nurses between the ages of thirty and forty.

(F) Great care should be taken to select nurses of suitable character, especially with the following qualifications:

- (a) Stability.
- (b) Adaptability and resourcefulness.
- (c) Good judgment and common sense.
- (d) Organizing ability.
- (e) Attractive personality with wearing quality.
- (f) Devotion to service.

It is planned to select immediately three or four localities suitable for the placement of Delano Red Cross nurses and to choose the nurses best fitted for the work for each locality. Recommendation of nurses who are qualified for this service by character, training and experience may be made by anyone, either to the Division Directors of Nursing or to the Director of Nursing at National Headquarters, or nurses may themselves apply. We hope and believe that the Delano Red Cross Nurses will carry to their work the best that our profession has to offer and that their service will be a memorial of which Miss Delano would be proud.

REPORT OF THE CHILD WELFARE SPECIAL

By ELBA MORSE

Red Cross Public Health Nurse
Sanilac County, Michigan

DOING work without publicity is like hiding your light under a bushel—it illumines but a small area. Business men know that it pays to advertise. Again, the minister says that the greatest sin of the age is the sin of unbelief. When you can get people to believe this they act accordingly. Well, what has this to do with public health nursing? We think it has a lot. If you were the

only nurse in a county of nine hundred and forty-six square miles, with a group of earnest, enthusiastic women back of you, you would grasp every opportunity to show the people what you were doing; also to teach them to believe that some of the reports of conditions that existed in their communities were true.

The largest town in the county of which I am speaking has a population

of sixteen hundred. There is not a baby specialist in the county. We found that in many of the best districts parents were giving milk to the pigs and the calves, and feeding the babies condensed milk.

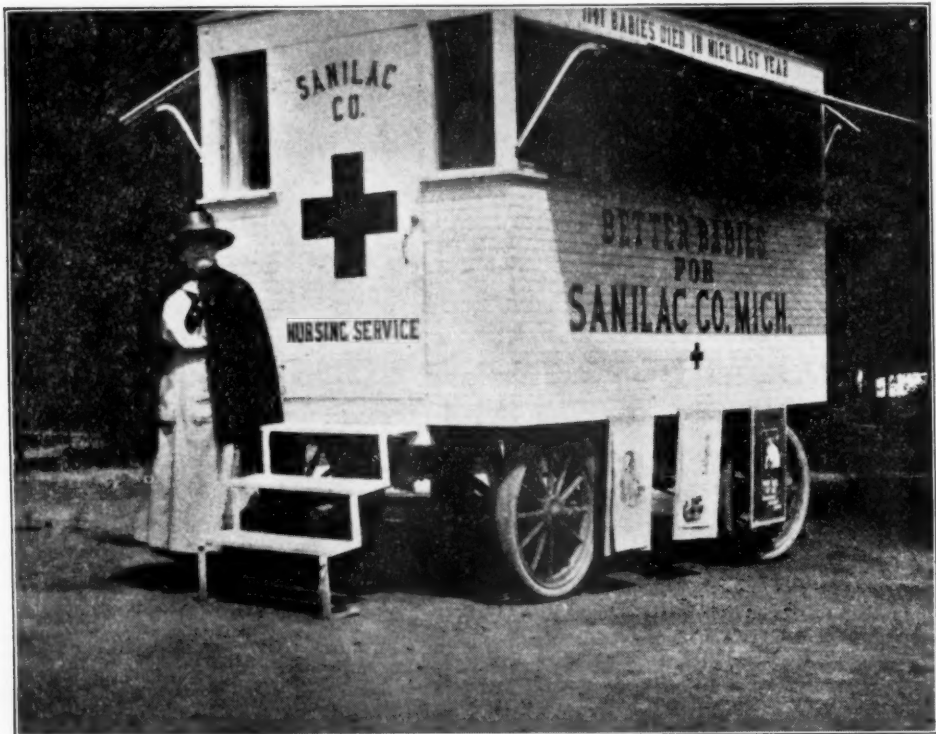
Many of the districts we wished to reach had no suitable meeting place. Then there were the people who would not go to a meeting that stands for health, especially if it were named that, so we determined to carry the message to *them*.

For this purpose the Child Welfare Special was planned and built. It is a four wheel trailer ten feet long, five feet eight inches high, five feet six inches wide, a house built on wheels, fully equipped for conducting baby conferences. A cot is hooked to the inside wall; also a table. It boasts a pair of scales; a baby basket; home-made refrigerator and layette, baby posters; all for demonstration purpose.

The sides of the house are fixed like an awning that may be put up and down. The windows are screened and there is a screen door. The steps can be detached when in transit. It carries a folding table and a few chairs for outside use where the committee women may take the histories. The mothers are admitted to the Special two at a time. The nurse weighs and measures the babies and gives the mothers advice and literature.

The outside of the house explains its purpose. The top of each side announces that eleven hundred and forty-one babies died in Michigan last year. One side says: "Better babies for Sanilac County," the other side: "Child Welfare Special," the back: "Sanilac Red Cross Nursing Service," and the front shows a large Red Cross.

It is hooked on to the Red Cross Coupe, and this outfit has appeared at picnics and fairs, the Ladies' Aid meetings, the country stores on Satur-



The Baby Welfare Special

day afternoon, at some private homes, churches and schools. Sometimes in going to the conferences we have taken a drive down a country road that we have not been used to traveling, just to show the people what "The Special" is. Threshing, barn raising, corn husking, and all kinds of work, for the time being, were forgotten while the Child Welfare Special passed by.

Who made the Child Welfare Special? And how much did it cost? Well, we all made it! Three meetings of the Executive Board were held to discuss ways and means. All the committee women from all over the county discussed it pro and con, and many suggestions were given. Every man in the county seat told us something to do, or not to do.

The cost of the trailer was.....	\$125.00
Building of house and painting	100.00
Equipment.....	50.00

Total.....	\$275.00
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What has been done? Twenty-six baby conferences have been held; fifteen hundred and ninety babies and children have been weighed and measured; the trailer has been driven seventeen hundred miles, a trip to Columbus, Ohio, to the National Convention being included.

Conferences were arranged for by the women on the Committee for Nursing Activities who also assisted, the boy scouts managed the crowds at the picnics, and camp fire girls assisted in caring for the small children while the mothers were having the babies weighed. This car has been as popular as a pop-corn wagon, and we believe much good has been and will be thereby accomplished.

HEALTH INSTRUCTION IN CZECHO-SLOVAKIA

HEALTH instruction has formed a large part of the Red Cross public health nursing program in Europe. It has been carried not only into individual homes in connection with the nurses' visits, but also to many different groups of varying intelligence and receptiveness.

From Zizkov, a part of the old city of Prague in Czecho-Slovakia, Dorothy Ledyard writes of the adaptation of class-room and health instruction to meet the needs of different groups of Czecho-Slovakian women, including the professional group which is in training at the school for nurses established by the American Red Cross at Prague.

The student nurses are offered an adequate practice field for the period of public health nursing experience which is included in their training school curriculum. Under the direction of Miss Besom, a teaching field has been developed in several of the public health centers which had previously been established by an association of Czecho-Slovakian women. These centers afford not only a good

teaching field for the student nurses, but also close supervision and practical instruction. Of the two student nurses who are receiving this experience in Zizkov, Miss Ledyard writes:

"The Nursing Department of the Zizkov Dispensary has been greatly helped this month by the addition of two student nurses from the State School of Nursing. We have endeavored to give these young women an idea of public health work as we understand it in the United States. We give them instruction in bag technique, emphasize and demonstrate the necessity of home visits, and especially encourage the practice of giving nursing care when possible. The habit among these people of never going to bed when they are ill makes it a little difficult to give much bedside nursing in the home, but we do try to give our people something on the occasion of each visit, if it is only a little encouragement and a little helpful advice or a few practical suggestions.

"The graduate Czech nurse, Miss Vlckeva, is an able assistant and supervises carefully the work of our two students, and we have reason to be especially proud of the result of our efforts this month. The two student nurses each made ten visits with Miss Vlckeva before making any alone. After careful instruction they were each given a small territory, which has been marked on the map according to streets, and are required to write out a full account of their visits every night, and also to chart carefully in the medi-

cal record of the patient, whatever information they have succeeded in getting or any treatment given. Every morning after their visits, before the usual routine of the dispensary, a conference is held and the cases discussed and perhaps the doctor is asked for advice. We find that the nurses are interested and get the idea remarkably well.

"These nurses are also instructed in the routine work of the dispensary and assist Miss Vlckeva and the American nurse in weighing the children and babies, attending the doctor, and in keeping records."

As there will not for several years to come be a sufficient number of fully trained native Public Health Nurses to carry on the child welfare program and as there is no probability of any great number of American Red Cross nurses remaining in Czechoslovakia and other European countries until that time, it has been found necessary to establish short courses for Health Visitors who will temporarily carry on the work pending the development of fully trained native personnel. The candidates for the Health Visitors' course are carefully chosen from groups of intelligent and interested young women. This course is being given in Prague as well as in other European countries where there are American Red Cross Public Health Nurses. It includes lectures, and instruction from doctors, nurses and social workers, as well as practical work in the field under professional supervision. There is no hospital affiliation for the course as it is desired that nothing shall be done to deflect prospective nurses from entering the training schools.

In addition to the two courses which are intended to prepare nurses and young women for service, class instruction is also given to groups of women for use in their own homes.

At Zizkov, a very simplified kind of health instruction is given to groups of young mothers and pregnant women who come from the poorest homes possible. Miss Ledyard writes:

"One family with numbers of children occupies a cellar room, sleeping on the floor—so you can understand how simple we must make our instruction to meet their needs."

The following is an account in her own words of these classes:

"At Zizkov we have started some classes with lectures and demonstrations for young mothers and pregnant women. We have endeavored to make the information selected for them as practical as possible to meet their needs. The doctor has been most generous with her time and has talked to the women for half an hour one day a week. Following the doctor's lecture the nurse has endeavored to carry out in demonstration the doctor's suggestions. For instance, she was very anxious that the women should have an idea of what they should have ready for the doctor or midwife at the time of confinement. After the doctor had explained what she considered as absolutely necessary, the nurse followed her explanation with a demonstration showing the mother the articles needed, such as a clean utensil with boiling water, a clean basin, soap, hand brush, clean towels and bed linen. The nurse took occasion at this time also, to supplement the doctor's talk with other practical hints, such as the use of covered newspapers for pads for the beds, suggesting the use of belts for use following the confinement. We also gave out patterns for breast binders and abdominal binders, and got one of the newspapers to send us ten kilos of old newspapers, which, with sufficient unbleached muslin to cover them on one side, we distributed among the women, sufficient to make two pads each. We requested them to bring these made up at the next lecture, and they were most enthusiastic about them, and brought them very well made indeed.

"We have been giving two periods a week to these classes, Monday and Friday from four to five. The doctor speaks to them for half an hour on Friday afternoon and the nurse uses the Monday period for review of what the doctor has spoken of and for demonstrations. A brief outline of the course includes:

1. Influence of heredity.
2. Pregnancy.
3. Care of baby.
4. Care of mother.
5. General information regarding rules of healthful living.
6. Communicable diseases of childhood.
7. Care of a sick person in the home."

Classes for young working women of a greater degree of receptivity and intelligence are also held. Another extract from Miss Ledyard's letter reads:

"This month we have a large evening class, held on Wednesdays of every week, from five to seven, for young women employed during the day. It includes also thirteen volunteer social workers. To these women, who are of a different class than our neighborhood women, we are using the regular course as given in Miss Delano's book on *Home Hygiene and Care of the Sick*. My Czech nurse, Miss Vlckeva, conducts these classes in Czech from a translation of this book. She and I go over the lesson, of course, before the lecture.

NEWS FROM THE FIELD

THE MATERNITY BILL NOW A LAW

ON the day before Thanksgiving, President Harding signed the "Maternity Bill," providing for Federal co-operation with the States in promoting the welfare of maternity and infancy. After more than three years of struggle, the bill was passed by both houses of Congress by overwhelming votes. The Children's Bureau of the U. S. Department of Labor is given the administration of the Act, and the Chief of the Children's Bureau is made the executive officer. A Board of Maternity and Infant Hygiene, consisting of the Chief of the Children's Bureau, the Surgeon-General of the U. S. Public Health Service, and the United States Commissioner of Education, is given certain powers of review and approval. A total appropriation of \$1,480,000 is authorized for the current fiscal year, and an appropriation of \$1,240,000 for each of five years thereafter. Except for a very small percentage to be used for administrative purposes, the money is to be divided among the States accepting the provisions of the Act, to be used, together with State funds, for promoting the welfare and hygiene of maternity and infancy.

So eagerly was the passage of this bill awaited that at least five States in the 1921 sessions of their legislatures passed laws accepting the Act, if it should become a law, and authorizing a State board or division to co-operate with the Federal Government. These States include Delaware, Minnesota, New Hampshire, New Mexico, and South Dakota. The rest of the States will not have to wait until the next regular session of their legislatures, for the law provides that if the legislature has not acted, the Governor may, in so far as the laws of his State permit, accept the provisions of the Act and authorize a State agency to co-operate with the

Children's Bureau until the legislature has had opportunity to act. More than 30 States have child welfare or child hygiene provisions in their State Boards of Health, and in these States the law provides that its administration shall be in the hands of these divisions. Any State desiring to benefit from the Act must submit to the Children's Bureau detailed plans for its administration, and these plans are subject to approval of the Federal Board of Maternity and Infant Hygiene.

How much money will a State accepting the Act receive from the Federal Government to be used in making maternity and infancy more safe? In the first place, \$10,000 the first year, and \$5000 a year thereafter will be paid each State indicating its desire to co-operate. An additional \$5000 will be paid providing the State appropriates \$5000 of its own for the same purpose. That makes a total of \$15,000 the first year and \$10,000 a year for each year thereafter available from Federal funds to each State regardless of its size. In addition \$710,000 a year is provided to be distributed among the States on the basis of population, providing the amounts thus apportioned are matched by State appropriations.

The Act contains specific clauses protecting parents in their right to liberty of action, and providing that the States shall take the initiative in preparing and carrying out plans.

A WARNING FROM THE U. S. PUBLIC HEALTH SERVICE

The Division of Venereal Diseases of the U. S. Public Health Service has addressed a circular letter to all State Venereal Disease Control Officers and others interested, calling their attention to the importance of early, proper and continuous treatment of persons infected with syphilis, with a view of avoiding the development of neurosyphilis.

According to this statement, "Recent medical literature contains many expressions of opinion by Syphilographers, of this and other countries, regarding the high incidence and early onset of neurosyphilis. Another condition cited by them is that an increasing number of patients in the infectious second stage are being observed in the clinics. * * * * * In the light of present knowledge regarding the subsequent danger to both the individual and community by ineffective and inadequate treatment, the Service urges that great care be exercised in recording case histories; in referring patients for intensive treatment to health centers or competent physicians to continue treatment when the clinic is unable to do so; and keeping cases of positive syphilis under proper observation, until the period of danger for both the individual and the community has passed."

A CITIZENS' HEALTH PROTECTIVE SOCIETY

Some of our readers know that Ella Phillips Crandall was engaged during 1921 in a study in community organization looking toward the establishment of a Citizens' Health Protective Society, designed to demonstrate that such an enterprise can be self-supporting and self-directing. This was done under the auspices of an exceptionally strong committee representing the directorates of the Maternity Center Association (the project was instituted by this Association,) the New York Diet Kitchen Association and the Henry Street Nursing Service.

The members of this committee are convinced that the next step in health work is to extend its services widely among citizens of moderate and of limited incomes (and not excluding those of abundant means,) on a cost basis. After some months of study and conference a plan was adopted, a district chosen in which the Committee's plan was submitted for the acceptance or rejection of its citizens, and a temporary citizens' committee was formed. All local organized groups indorsed it, including the

Harlem Board of Commerce, political, civic, social and religious clubs and societies; also physicians, clergymen and business men, and the local newspaper. Funds were given by an anonymous donor to cover an organizing period of two years, extending to January 1923.

In November Mrs. Olive Beason Husk, formerly Superintendent of the Bureau of Municipal Nursing of Akron, Ohio, was appointed as Associate to Miss Crandall; and she now has charge of the project. Mrs. Husk is peculiarly fitted by experience and personal qualifications to bring about the organization of a permanent citizens' society.

On January 1st Miss Crandall withdrew from active participation in this significant and, we hope, prophetic experiment. But she will continue to have a lively interest in its progress, for she is an ardent believer in the principles on which it is built and she also has a great hope of its success and extension.

Miss Crandall has accepted an appointment on the staff of the Association for Improving the Condition of the Poor of New York City, one of the oldest social welfare agencies in the country. This Association has become a recognized experiment station for large scale health projects. It has for some years maintained a Bureau of Educational Nursing.

Miss Crandall will study the present status of this Bureau and assist in defining and developing its relationships to the other activities of the Association and to new projects now under contemplation. She says that one of her chief interests in this new work will be the opportunity afforded to study and know first hand the purely preventive nursing services of which she has previously had no direct personal experience.

PROFESSOR HILLEBRAND IN NEW YORK

Professor Harold Hillebrand, author of the prize Nightingale Centennial Play, made a short visit to New York

during the Christmas holidays. A meeting, with the cheering accompaniment of tea, was arranged to hear Mr. Hillebrand read parts of his play and speak of his plans for producing it. We all hope that the encouragement he has received will result in an opportunity for the world at large to see upon the stage a presentation of the career and character—so far as necessary limitations of the histrionic art permit—of the most remarkable woman of modern times.

RESIGNATION OF MISS ALICE FITZGERALD

Miss Alice Fitzgerald, who is now in this country, has resigned her position as Director of Nursing for the League of Red Cross Societies, with headquarters in Geneva. Miss Fitzgerald, whose work during the war as Edith Cavell Memorial Nurse was so well known, established the Course in Public Health Nursing at King's College, University of London, in connection with the League. The graduates of this school have very successfully established public health nursing in several countries.

ANNUAL REPORTS

Concord, N. H.

The 20th, 21st and 22nd Annual Reports of the Concord District Nursing Association, covering the period 1918-1921, have just been received. They contain an interesting account of good work done. Reporting for the Board of Visitors for the year 1921, Miss Mary T. Hutchins says:

Our Board of Visitors wish that the people of Concord possessed a more intelligent knowledge of what it means to the city to have our faithful nurses going in and out the doors of hundreds of our homes. Because of her friendly relation she has many opportunities for observation. She sometimes finds the mother ignorant of the simplest rules of hygiene. Who knows how many epidemics have been avoided, because of the efficiency of her service? Sometimes she finds one of her charges teaching an entire neighborhood sanitation. It is the privilege of our board to see deep gratitude for the unfailing service our nurses render."

Vermont.

The Vermont Tuberculosis Association has published its Fourth Annual Report, covering the year September, 1920, to September, 1921. The Association is now five years old. A year ago it was offered \$50,000 and a site for a new Preventorium, to be built in memory of Dr. Charles Caverly, on condition that another \$50,000 was raised from popular contributions. A successful campaign was carried out and \$56,000 was raised. The new Caverly Preventorium at Pittsford is now under way. The Association has carried on many other activities during the year.

NOTES FROM THE STATES

Maine.

The December issue of the *M. P. H. A. News*, published by the Maine Public Health Association, contains a synopsis of the new Health Plan adopted by the Association. In formulating this Plan, advice was obtained from leaders of representative groups of Maine men and women, including manufacturers, labor leaders, club women, doctors, nurses, educators, ministers and others—thus, it is hoped, insuring a program which will give to the State the things that are most needed, and guarding against overlapping and duplication of effort. The important elements of the Plan are:

Every community in the State to receive the services of a public health nurse so that mothers will be intelligently advised and assisted in the care of self and child both before and after birth. Every school child in the State to be enrolled as a Modern Health Crusader.

Development of industrial nursing in larger industries in co-operation with the Associated Industries of Maine.

Continuation of post-graduate clinics for Maine physicians in co-operation with Maine Medical Association.

Educational campaign by which it is hoped to accomplish health talks in every local, social, fraternal, labor, commercial and civic organization in the State, by means of moving pictures, stereopticon slides, lectures, exhibits, distribution of literature, public speakers, etc. In developing this phase of the Plan active co-operation will maintain between the Maine Public Health Association and the State Department of Health, the Maine State

Grange, the Maine State Federation of Labor, the Maine Department of the American Legion, the Maine State Federation of Women's Clubs and other State organizations.

Involved in the plan are a number of State-wide campaigns directed specifically at definite causes of needless illness, suffering and unhappiness.

Maine is the first State in the Union to adopt this Health Plan which, it is hoped, will help to make "The Playground of the Nation" also the "Healthiest State in the Union."

Michigan

Michigan's first annual conference of health officers and Public Health Nurses, which took place during the week of November 28, was attended by several hundred delegates representing all parts of the state. Among the lecturers on the program were Dr. C. E. North, Director, of the North Public Health Bureau, New York; Dr. W. H. Frost, Johns Hopkins University; Dr. Haven Emerson, New York; Dr. William H. Park, Director of the Bureau of Laboratories of the New York City Department of Health; Dr. John Sundwall, Director of the Department of Hygiene and Public Health, University of Michigan; Governor Alex. J. Groesbeck; and Mary E. Sweeney, Dean of the Department of Home Economics of the Michigan Agricultural College.

The latter part of the program was given over to lectures on Rural Child Hygiene, by Mrs. Barbara H. Bartlett, R. N., Director of the Department of Public Health Nursing, University of Michigan; on Tuberculosis Nursing, by Elizabeth Parker, R. N., Executive Secretary of the Michigan Tuberculosis Association; on The Goal of County Nursing, by Elizabeth G. Fox, R. N., Director of the Public Health Service of the American Red Cross; and on The Visiting Nurse and Home and After-care of Crippled Children, by Edna Foley, R. N., superintendent of the Visiting Nurses' Association, Chicago.

Out of the forty-six counties having active Public Health programs, thirty-four were represented by nurses.

At a luncheon given the last day of the Conference, one hundred and nineteen nurses were present.

Exhibits were given representing the outstanding features of the county nursing program. This attracted a good deal of attention from both the nurses and health officers.

New Mexico.

On November 22nd a State Graduate Nurses' Association of New Mexico was organized in a meeting of nurses held at the Presbyterian Sanatorium in Albuquerque. Over forty nurses were present, including several nurses from other parts of the State.

The following officers were elected:

President.....	Miss Teresa McMenamin
First Vice-President.....	Mrs. Blanche A. Montgomery
Second Vice-President.....	Miss Catherine Taylor
Secretary.....	Miss Bertha C. Rowe
Treasurer.....	Sister Frances de Chantal

A large membership over the State is desired; all nurses interested will please apply to the Secretary, Miss Bertha C. Rowe, 703 West Silver Avenue, Albuquerque, New Mexico. It was decided to hold the first annual meeting next spring in Albuquerque, coincident with the time of the annual meeting of State Health Officers and Public Health Nurses.

Ohio.

The Guild of St. Barnabas for Nurses held a Christmas Bazaar at the Cleveland Nursing Center on November 30th. The hospitals participating, each having a separate table, were:-

City Hospital,
Fairview Park, and Lakewood Hospital
shared the big center table.
Glenville Hospital.
Huron Road Hospital.
Lakeside Hospital.
The Anaesthetic Clinic of Lakeside
Hospital.
Maternity Hospital.
Mt. Sinai Hospital.
St. Luke's Hospital.
St. Alexis Hospital.

During the afternoon the trustees of the Isabel Hampton Robb Memorial Association served tea; and in the evening the Hospitality Committee

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NOTES FROM THE STATES

(Continued from Page 108)

of the Guild took charge of the refreshments.

The enthusiasm of the workers was evidenced by the large and unusual collection of charming and useful Christmas gifts; and the unexpectedly large proceeds, amounting to nearly \$1,600.00 were due entirely to the wonderful spirit of co-operation and enthusiasm on the part of everyone participating. The opportunity to show their deep interest in the work of the nurses was seized by many friends outside of professional circles. The money raised will be used for the maintenance of the work of the Guild in Cleveland, and for the support of a Welfare Nurse whose work in Porto Rico is supported by branches of the Guild in the United States.

Pennsylvania.

Pittsburg, Penna., has been chosen by the United States Public Health Service as one of the twenty-two points in the United States in which to hold an Institute on various phases of Social Hygiene.

The Institute in Pittsburg is given under the auspices of the Medical School of the University of Pittsburg and will be held from February 20th to 25th.

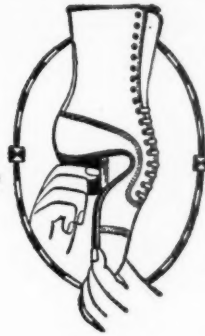
The program will consist of work for a technical group composed of physicians and nurses, round tables and talks for Public Health Nurses and a program for lay women and other workers interested in the subject.

The work for the nursing group is planned for nurses who are engaged in active work in the field, especially those who have had little public health training, and not very close supervision.

Some of the leaders on the nursing program will be:—

Dr. William Snow
Dr. Valeria Parker
Dr. Rachelle Yarros
Dr. Grover Wende
Dr. Wade Wright
Dr. Mary Riggs Noble
Miss Elizabeth Fox
Miss Harriet Leete
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NOTES FROM THE STATES

(Continued from Page 8)

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Mrs. Gertrude Gates Mudge
Miss Helene Pope
Miss Florence Teagarden
and others.

All nurses who possibly can be urged to attend. Any information concerning registration, programs, etc., may be obtained from:

Miss Elizabeth Cannon, Director Public Health Nursing Course, Medical School, University of Pittsburgh, Pittsburgh, Pa.

Texas.

The Dallas Public Health Institute was held from January 16th to 21st, under the auspices of the U. S. Public Health Service, State Board of Health, Dallas City Department of Public Health and Baylor University College of Medicine. Dr. Manton M. Carrick, State Health Officer, was Director of the Institute.

An important part of the Institute was a school of instruction arranged to disseminate information with reference to methods of delivering safe water to the public.

DECAYED TEETH AND CHILDREN'S DISEASES

That decayed teeth are very strong predisposing causes to the "catching" of measles, scarlet fever, pneumonia, mumps, and other childish diseases is strongly urged by the U. S. Public Health Service, which cites very considerable reductions in those diseases in cities where dental clinics have been established in the schools. At Bridgeport, Conn., for instance, diphtheria has been lessened eight per cent. At an orphanage in Boston these diseases, which had annually afflicted about one-third of the 325 inmates, practically disappeared after eight months dental work. The absorption of pus from rotting teeth had weakened the children and made them easy victims to disease germs; and the cleaning up of this increased their powers of resistance.

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